

Please fill in this form if you want to appeal against your decision.

About you	About your appeal Continued
Title - enter Mr, Mrs, Miss, Ms or other title	Will someone represent you at your appeal, such as a relative or Citizen's Advice?
Surname	No
	Yes
First name(s)	If yes, please give us their details below.
	Their full name
Address	
	Their address
Postcode	
Daytime phone number (including national dialling code)	Postcode
	Please sign here to authorise this person to act for you.
Date of birth DD MM YYYY	
	Have you or your partner, if you have one, also appealed
National Insurance number	against a tax credits decision?
	By a partner we mean a person you are married to, or a civil partner, or a person you live with as if you are married, or a
Child Benefit number, <i>if available</i>	civil partner.
	No
	Yes
About your appeal Which benefit is your appeal about?	If yes, what was the date of your tax credits appeal?
Put 'X' in one box only	DD MM YYYY
Child Benefit	
Guardian's Allowance	continued >>>
What is the date of the decision at the top of your decision letter?	
DD MM YYYY	

Making your appeal

Please use the space starting below to tell us **why you do not agree with the decision**.

Remember:

- You must say why you think the decision is wrong. If you think that the information we have is wrong, please tell us what you believe is the right information.
- If you are appealing against more than one decision, please tell us the date of each one, and give reasons why you disagree with each one.
- If you are appealing more than **one month** after the decision was sent to you, please say why your appeal was delayed.
- If you need more space, use another sheet of paper.
- Please put your name and National Insurance number on and write Appeal at the top of any extra sheets of paper.

Why I do not agree with the decision

Your signature

If someone has been officially appointed to act for you (an appointee), they should sign on your behalf

DD MM YYYY



What to do now

- 1. Please make sure you have filled in all of this form and signed it.
- 2. Tear off the completed appeal form and send it to the address at the top of your decision letter.

Remember your appeal must reach us within **one month** of the date at the top of our decision.

For official use	
Date DD MM YYYY	