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|  | | | **Application for**  **appointment to act on**  **behalf of someone else** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | *Office stamp* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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|  | Please fill in this form with BLACK INK and in CAPITALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
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|  | Part 1 - **About the person you want to act for** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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|  | Their surname or family name | | | | Cattaneo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | **Their other names** - in full | | | | Anthony | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | **All other surnames or family names they have been known by or are using now.**  Please include maiden name, all former married names, and all changes of family name. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | Their address | | | | FLAT 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  |  | | | | 109 Southampton Row | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | **Their National Insurance (NI) number** | | | | J | | | | R |  | | | | 7 | | | | | | | 2 | | |  | | 1 | | | | | | | 5 | | |  | | |  | | | | 8 | | | |  | | A | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | Their date of birth | | | | 04/06/1987 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Are you applying to act for the person because they are incapable of managing their own affairs? | | |  | **No** | | | | | | |  | | | | | | | **Do not fill out this form.** Please contact us at the address shown above.  Are you enclosing supporting evidence that the person you are applying to act for is incapable of managing their own affairs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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|  | **Are other family members or next of kin aware of your application to become the appointee?** | | |  | **No** | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |
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| The role and responsibilities of an appointee are set out in Part 8.  You must read these so that you understand the roles and responsibilities before signing this document. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Are applying on behalf of an organisation?  For example, a local authority  Or a firm of solicitors | | | | No | | | | | | | |  | | | | | | | Go to Part 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Yes | | | | | | | |  | | | | | | | Go to part 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BF56** 04/14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Application for appointment to act on behalf of someone else - continued | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Part 2 **- About you** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| **Surname or family name** | | | | Mr/Mrs/Miss/Ms/Dr/Rev | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **Other names** – in full | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **All other surnames or family names you have been known by or are using now.** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| National Insurance (NI) number It will help us if you can  Provide this number | | | |  | | | |  | |  | | | | |  | | | | | |  | | |  | |  | | | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | Daytime phone number | | | | Code | | | | | | | | | | | |  | | | | | | | | | | | | Number | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | What is this number? Please tick. | | | | Home | | | | | | | | | | | |  | | | | | |  | | | | | Work | | | | | | | | | |  | | | | | | |  | | | Mobile | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
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|  | **Fax number** - if you have one | | | | Code | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Number | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | Part 3 – **If you are representing an organisation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Your surname | | | | Mr/Mrs/Miss/Ms/Dr/Rev | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | **Your other names** - in full | | | | The Director of Adult Social Care of LB Camden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | Your position or job title | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | **Full official name of the organisation** | | | | London Borough of Camden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | Full postal address of the organisation | | | | Personal Financial Services team | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | Adult Social Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | |  | | | | Camden Town Hall, Judd Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | Organisation’s phone number | | | | Code | | | | | | | | | 0207 | | | | | | | | | | | | | | | | Number | | | | | | | | | | | | | 974 4444 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | **Organisation’s** **corporate ID reference number** (if known) | | | | 036929 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | | Application for appointment to act on behalf of someone else continued | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Part 4 – **How we pay you** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **We pay the benefit into a bank or building society account.**  We will tell you when we will make the first payment and how much it will be for. We will tell you if the amount we pay into the account is going to change.  **Finding out how much we have paid into the account**  You can check the payments on account statements. The statements may show the National Insurance (NI) number next to any payments that we have made. If you think the payment is wrong, get in touch with the office that pays you straight away.  **If we have pay you too much money**  If we pay you too much money we have the right to take back any money we pay that you are not entitled to. This may be because of the way the payment system works.  For example, you may give us information, which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.  **We will contact you before we take back any money**. What to do now  * Tell us about the account you want to use on the next page. By giving us account details you:   - agree that we will pay you into that account, and  - understand what we have told you above in the section  **If we have paid too much money**   * If you are going to open an account, please tell us the account details as soon as you get them. * If you do not have an account, please contact us and we will give you more information.   **About the account you can use**  As an appointee the account should be in your name only.  **Please tell us the account details on the next page.**  **It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.**  You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |

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|  | Application for appointment to act on behalf of someone else continued | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Name of the account holder**  Please write the name of the account holder exactly as it is shown on the chequebook or statement. |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | Full name of bank or building society | | | NatWest – BF57 required to open corporate PAB account | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | **Sort code**  Please tell us all six numbers  For example, 12-34-56 | | | |  | | |  | | - | |  | |  | | | | ­- | | |  | | |  | |  | | | | | | | | | | | | | |
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|  | **Account number**  Most account numbers are 8 numbers long. If your account number has  Fewer than 10, numbers please fill in  The numbers from the left | | | |  | | |  | |  | |  | | |  | | | |  | | |  | |  | |  | |  | | |  | | | | | | | | |
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|  | **Building society roll**  **or reference number**  If you are using a building society  Account you may need to tell us a  roll or reference number**.** This may be made up of letters and numbers, and may be  up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society. | | | |  |  |  | |  | |  | |  | | |  |  | | |  | | |  | |  | |  | |  |  | |  | |  |  |  |  | |
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|  | **You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick the box** | |  | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Application for appointment to act on behalf of someone else continued | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Part 5 - **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **I apply** to the Secretary of State for Department for Work and Pensions, Board of HM Revenue and Customs or Secretary of State for Defence for appointment to exercise, on behalf of the person named in **Part 1,** any rights they may have under the Social Security Acts, Tax Credits Act or the Naval, Military and Air Forces Etc (Disablement and Death) Services Pensions Order 2006. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | **To the best of my knowledge no other person or organisation has been legally appointed** to administer the affairs of the person namedin **Part 1.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | **I declare** that I have discussed my appointment with other family members or next of kin and that they do not object to my application. **This applies to corporate appointees as well** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | **I understand** that I must promptly tell the relevant office that pays the benefit, pension, allowance or credit anything that may affect the entitlement to, or amount of, that payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | **I declare** that the information I have given on this form is correct and complete as far as I know and believe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | **I understand** and agree that any information provided may be used by the Department for Work and Pensions, HM Revenue and Customs or the Services Personnel and Veterans Agency to administer this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | **I undertake** to the best of my ability to give the Department or Board all the information required by them about the circumstances of the person named in **Part 1** and give information about any relevant changes in their circumstances which may affect the entitlement to, or amount of, the benefit or tax credit claimed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | **I will receive any benefit, pension, allowance or credit to which the person named in part 1 is entitled and spend it in their best interests and keep it safe for them in the interim** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | **I have read**, understood and accept the conditions contained in **Part 8** of this form. The duties and responsibilities required of me when acting for the person named in **Part 1** have been clearly and fully explained to me. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | **This is my application to be appointed to act for the person named in Part 1.**  **If you are applying to be an individual appointee, please complete box A.**  **Persons applying on behalf of an organisation complete box B.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | Box A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | I am over 18 years of age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | **Signature** (to be signed at interview) | | | | | | | | | | | | | | | | | | | | | **Date of interview** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | Box B | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
|  | **Box B** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
|  | **I am authorised to make this declaration on behalf of the organisation named in** Part 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
|  | **Signature** (to be signed at interview) | | | | | | | | | | | | | | | | | | | |  | **Date of interview** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
|  |  | Hamish Sig3 | | | | | | | | | | | | | | | | | | |  | 18/07/2018 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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|  | Application for appointment to act on behalf of someone else - continued | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Part 6 – **How the Department for Work and Pensions collects**  **and uses information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | The information we collect about you and the person you are acting for, and how we use it  depends mainly on the reason for your business  with us. But we may use it for any of the Department’s or Agency’s purposes, which include   * social security benefits and allowances * child support * employment and training * private pensions policy * retirement planning, and * war pensions | | | | | | | | | | | | | |  | | | | We may get information from others to check the information you give to us and to improve our services. We may give information to other organisations as the law allows, for example to safeguard against crime.  To find out more about how we use information, visit our website [**www.dwp.gov.uk/privacy-policy**](http://www.dwp.gov.uk/privacy-policy) or contact any of our offices. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Part 7 - **For official use only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Supporting medical evidence necessary** | | | | | | | | | No | | | |  | | Yes | | | | | | | | | **X** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Name and address of suitably qualified professional for example, social worker or community psychiatric nurse | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Other family members / next of kin | | | | | | | | | Discussed – no further action | | | | | | | | | | | | | | | | |  | | | | Discussed – further action required | | | | | | | | | | | | | | | | | | | |  | | |  |
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|  | **Appointment** | | | | | | | | | Authorised | | | | | | |  | Refused | | | | | | | | | | | | | |  | | | | Reason for refusal | | | | | | | | | | | | | | | | | | |
|  | Please tick the box that applies | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | |  | | | | | | | | | | | | | | *Continue on a separate sheet if necessary.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Signature | |  | | | | | | | | | | | | | | | | |  | | | **Date** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
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|  | Name in CAPITALS | |  | | | | | | | | | | | | | | | | |  | | | Job title | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
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|  | **Now pass this form to the appropriate officer for processing or inputting details on the system if necessary** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Have other interested sections or offices been notified of the outcome? | | | |  | | **N/A** | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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|  |  | | **Yes** | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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|  | Is appointee a corporate organisation? | | | |  | | **No** | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |
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|  |  | | **Yes** | |  | Corporate organisation’s identifier  (PDCS complaint benefits only) | | | | | | | | | | | | | | | | | | | | | | | | | ► | | | |  | |  | | | |  |  |  | | |  | | |  | |
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|  | Signature | |  | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | Name in CAPITALS | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | Office name | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
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|  | **Forms issued** | | | | | | | | BF57 | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Appointeeship cancelled | | | | |  | | Reason for cancellation | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | BF58 issued | | | | | |  | | | |  | |
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|  | **Signature** | | |  | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
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|  | All other offices or sections informed. CIS/CES/PDCS checked | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Application for appointment to act on behalf of someone else - continued | | | | | |
|  | Part 8 - **Roles and responsibilities** | | | | | |
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|  | For retention by the person named in Part 2 or the organisation named in Part 3 | | | | | |
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|  | If it is accepted that you can act for the person named at **Part 1** you will become responsible for dealing with their social security affairs, HM Revenue and Customs tax credit affairs and war pensions affairs. | | | |  | |
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|  | This includes claiming and receiving | | | |  | |
|  | * social security benefits * social security pensions * social security allowances * HM Revenue and Customs tax credits * war disablement or war widows or widowers pension   Any money that you receive on their behalf must be used in their and their dependant’s best interest. **For example**   * paying their fees for a nursing or care home or carer   This includes the fees for social care services such as residence in a care home or support in their own home. | | | |  | |
|  | * + towards meeting everyday living costs. | | | |  | |
|  | However, if they are in a nursing or care home, you must ensure that the specified amount of personal allowance is paid over each week for the benefit of the person named in **Part 1.** | | | |  | |
|  | You must tell the Department for Work and Pensions, HM Revenue and Customs office or the Service Personnel and Veterans Agency straight away if there is a change in the person’s circumstances which could affect their benefit. A list of changes, which must be reported, is given in the notes issued with the first payment of benefit. If you do not have a copy of the list of changes you must report, you can get one from your Jobcentre Plus, HM Revenue and Customs office or the Service Personnel and Veterans Agency. | | | |  | |
|  | Examples of changes you must tell us about are when the person: | | | |  | |
|  | * changes address * changes name * has a child who leaves school * goes into or comes out of hospital, including coming out of hospital on leave * becomes well enough to manage their own affairs * intends to be absent from Great Britain for any period * dies. | | | |  | |
|  | This list is not exhaustive | | | |  | |
|  | If the person you named in **Part 1** dies, you must   * tell the person’s Jobcentre Plus office, social security office, Pension Centre or HM Revenue and Customs office or the Service Personnel and Veterans Agency straight away if their payments were being made direct into an account. * return any payments you have for them | | | |  | |
|  |  | |
|  | As an appointee you will also be responsible for letting us know if there are any changes in **your**   * name * address * contact number * account details   You must also let us know if you are granted Power of Attorney or deputyship for the person named in **Part 1.** | | | |  | |
|  |  | | | **Continued on next page** ► | | |
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| --- | --- | --- | --- | --- |
|  | Application for appointment to act on behalf of someone else - continued | | | |
|  | Part 8 – **Roles and responsibilities** continued | | | |
|  |
|  |
|  | If an overpayment happens |  |  |  |
|  | If an overpayment of benefit occurs, you may be required to repay the overpayment yourself depending on how the overpayment arose. See **Part 4.** | |  |  |
|  | You will be responsible for repaying any overpayment of benefit that happened because you   * made an untrue or incorrect statement about yourself or the person named in **Part 1** * failed to report a change in your own circumstances * failed to report a change in the circumstance, which you knew about, in respect of the person named in **Part 1** * failed to obtain relevant information about the circumstances of the person named in **Part 1.** | |  |  |
|  |  | |  |  |
|  | How long can I be an appointee? | |  |  |
|  |  | |  |  |
|  | You will be an appointee until   * the person you are appointee for becomes well enough to manage their own affairs * the person you are an appointee for dies * you or the Department for Work and Pensions, HM Revenue and Customs or the Service Personnel and Veterans Agency decide to end the arrangement because it is not working properly * you wish to end the arrangement because you no longer wish to continue as an appointee. | |  |  |
|  |  | |  |  |
|  | **Please note – we will review this appointment from time to time to make sure it is still in the best interests of the person named in Part 1**  If you want to end the arrangement you must write to your Department for Work and Pensions, HM Revenue and Customs office or the Service Personnel and Veterans Agency, giving them at least one month’s notice. | |  |  |
|  |  | |  |  |
|  | Additional information for organisations | |  |  |
|  |  | |  |  |
|  | All appointees are responsible for the collection and administration of the person’s social security benefits, pensions and allowances, HM Revenue and Customs tax credits, and war pensions and allowances. If the organisation nominates a representative to carry out the appointee duties on their behalf, **the organisation** remains responsible for the management of the person’s affairs. Organisations must therefore make any nominated representatives aware of their responsibilities to both the organisation and the person named at **Part 1** and will need to provide them with a letter confirming they are authorised to act on behalf of the organisation. This certificate can be found on form **BF57**. | |  |  |
|  |  | |  |  |
|  | If you are acting as a representative within an organisation, there are some aspects that need to be considered in addition to those already mentioned. When quoting the appointee details, it is the organisation details that must be given and not those of an individual. | |  |  |
|  |  | |  |  |
|  | You will need to contact us if any of the following details change   * the organisation name * the organisation address, including postcode * phone and fax number * the organisation ceases to exist, for example, a nursing or care home closes * bank account details   I understand that the DWP may pass my name, last known address and details of the benefit, pension, allowance or credit payments being received by me on behalf of the person named in **Part 1**, to a local authority or agents that act on their behalf or other corporate appointees, where there is reason to suspect the payments were being mis-managed to the detriment of the person named in **Part 1.** | |  |  |

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