

## FAMILY ALLOWANCE CLAIM FORM

Name of person making the claim.....

Details of Child/children

Full name of child	Childs date of birth *	Childs Immigration Status **	Relationship to Claimant (son or daughter)	Claimants Immigration Status **

\*Family allowance is payable for a child up to the age of 16 years or until the child has completed secondary level education.

\*\* To qualify for payment of family allowance the claimant must hold Falkland Islands Status or PRP or the child must have Falkland Islands Status.

(a) Have you and the child/children detailed above resided with you in the Falkland Islands for the last

Six months, or since birth if younger? Yes

No

(b) If not, please provide details of when you and the child/children arrived in the Falkland Islands

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### DECLARATION AND AUTHORISATION

I the under signed declare that the particulars given in this form are correct and complete.

I authorise the Postmaster to provide information to the taxation Office in respect of taxable family allowance payments made under this claim.

Claimants Signature.....

Address.....

Date.....

**PLEASE NOTE – If an overpayment of Family Allowance occurs, the claimant may be liable to refund the total amount overpaid.**

**The claimant is responsible for reporting any change in circumstances that may affect the entitlement to payment of Family Allowance, for example, the child ceasing to live with the claimant.**

**False declaration or failure to report a change in circumstances may result in prosecution.**

Family Allowance payments are payable monthly via the Standard Chartered Bank. Please provide bank account details below:

SCB Account Number.....

Name of account holder.....

Any questions regarding Family Allowance please contact the Treasury  
Telephone 28418 or email [asmith@sec.gov.fk](mailto:asmith@sec.gov.fk)