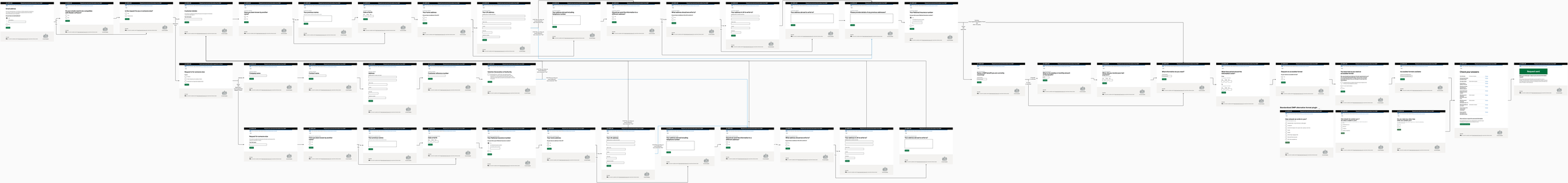
Your address
Do your circumstances mean you are a carer, or have a disability, long-term illness or health condition that means you need extra help?
Yes
No
Continue
Do your circumstances mean you are a carer, or have a disability, long-term illness or health condition that means you need extra help?
Is this request for you or someone else?
Yes
No
Continue
Is this request for you or someone else?
Yes
No
Continue
Customer details
Title
First name
Middle name
Surname
Date of birth
Continue
Have you been known by another name?
Yes
No
Continue
Your previous names
Continue
Date of birth
Day
Month
Year
Continue
Your home address
Do you live in a care home?
Yes
No
Continue
Your UK address
Building and street
Line 2 (optional)
Town or city
County (optional)
Postcode
Continue
Your address already including telephone number
Continue
Should we send the information to a different address?
Yes
No
Continue
What address should we write to?
Do you live in a care home in the UK?
Yes
No
Continue
Your address in UK to write to?
Building and street
Line 2 (optional)
Town or city
County (optional)
Postcode
Continue
Your address abroad to write to?
Country
Continue
Please provide details of any previous addresses?
Yes
No
Continue
Your National Insurance number
Do you know your National Insurance number?
Yes
No
Continue
Request for someone else
Who is the person you are requesting information for?
Parent
Child
Other family member
Friend or neighbour
Other
Continue
Company name
Continue
Contact name
Continue
Address
Building and street
Line 2 (optional)
Town or city
County (optional)
Postcode
Continue
Customer reference number
Continue
Solicitor Declaration of Authority
Continue
Request for someone else
Who is the person you are requesting information for?
Parent
Child
Other family member
Friend or neighbour
Other
Continue
Have you been known by another name?
Yes
No
Continue
Your previous names
Continue
Date of birth
Day
Month
Year
Continue
Your National Insurance number
Do you know your National Insurance number?
Yes
No
Continue
Your home address
Do you live in a care home?
Yes
No
Continue
Your UK address
Building and street
Line 2 (optional)
Town or city
County (optional)
Postcode
Continue
Your address already including telephone number
Continue
Should we send the information to a different address?
Yes
No
Continue
What address should we write to?
Do you live in a care home in the UK?
Yes
No
Continue
Your address in UK to write to?
Building and street
Line 2 (optional)
Town or city
County (optional)
Postcode
Continue
Your address abroad to write to?
Country
Continue
Is you a CERP benefit you are currently receiving?
Yes
No
Continue
What is the name of the benefit you are receiving?
Continue
What is the name of the benefit you are receiving?
Continue
What information do you need?
Continue
What information do you need?
Continue
What time period should this information cover?
Day
Month
Year
Continue
Request an accessible format
Do you need an accessible format?
Yes
No
Continue
Accessible formats available
Continue
Reviewed-dual DWP alternative format pilot
Do you need an accessible format?
Yes
No
Continue
Accessible formats available
Continue
Check your answers
Your details
Change
Your address
Change
Your National Insurance number
Change
Request sent
Request sent
Your reference number
Continue