

## Section 2 ABOUT YOU

Fill in this section if the decision you are appealing against is about **your** benefit or the benefit of a person **you** have been appointed by DWP or a court to take care of. If you are appointed by DWP or a court to take charge of another person's benefit, you should also record **their** details in Section 3.

☒ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please specify)

First name(s)

SUDHIR ~~SHRESTHA~~

Surname

SHRESTHA

Address

24 Omega St.  
~~47~~ LONDON,  
UK

Date of birth (DD/MM/YYYY)

11/10/1981

National Insurance number\*

letters numbers letter  
47 B A 57 65 Y

\*If you are appealing on behalf of a child or other person and you have provided their National Insurance number in Section 3, you do not need to provide your own National Insurance number.


Postcode

041 7BS

Daytime phone number


07894491106

Mobile phone number

Now go to Section 3 

## Section 3 ABOUT A CHILD OR OTHER PERSON YOU ARE APPEALING FOR

This section is for people who are making an appeal on behalf of someone they have a legal responsibility for. This might be a parent acting for a child or a person who has been appointed by DWP or a court to look after the affairs of another adult.

Are you appealing on behalf of a child or other person whose affairs you have been appointed to take care of? ☒ Yes If Yes, please tell us about the person below ☐ No If No, please go to Section 4 

☒ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please specify)

First name(s)

SOPHIA

Surname

SOLE

Address (if the person's address is different from your own)

N/A

Date of birth (DD/MM/YYYY)

14/10/1980

National Insurance number

letters numbers letter  
44 17 65 43 B

Postcode

ED1 7 177

Now go to Section 4 

~~\* Read from slip~~  
~~\* Store in CED~~  
~~\* Create case in CED~~  
~~\* Notification~~