

SA reference

Employer's reference*

National Insurance number

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*Please use this reference if you write or call.
It will help to avoid delay.*

**if applicable*

Name of client _____
where form issued to an agent

Dear Sir/Madam,

Yours faithfully,

Office date stamp

please turn over

Please complete, sign, then send this form to your HM Revenue & Customs office. Use CAPITAL letters

Date received by HM Revenue & Customs

Details of Claimant

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| Full name |
| Address |
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| |
| Postcode |

Claim

I claim repayment of the amount overpaid by me, (for non SA claims the period or year ended must be entered in the box aside).

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Claimant's signature

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Date

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If you complete a Self Assessment Return your repayment will usually be sent direct to you or your nominee's bank or building society account. Please include the branch sort code, the account number and if appropriate, the name and address of the nominee in the authority below. If you or your nominee does not have a bank account, we can arrange for repayment to be made in the form of a payable order but you or your nominee will need to open a bank or building society account in order to cash it. If the repayment is to be sent to your nominee by payable order, the nominee's name and address must be entered in the authority below.

If you do not complete a Self Assessment Return your repayment will be made in the form of a payable order, which must be paid into a bank or building society account. If you do not have a bank or building society account you should nominate someone who does to receive the order for you. If the repayment is to be sent to a nominee or posted direct to your bank or building society by payable order, the name and address must be entered in the authority below. Also include your account number and sort code if the payable order is to be posted direct to your bank or building society.

Authority

I authorise nominee/agent (*delete as appropriate*)*

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of (*full address*)

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| Postcode |

Your/your nominee's bank or building society account number (*delete as appropriate*)

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Branch Sort Code

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Agent's reference (*if applicable*)

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to receive on my behalf the amount due.

Claimant's signature

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Date

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*enter the name of the account holder or the person who will receive the payable order.