

For office use only (affix Dymo label here)

Benefit Change Statement - Customer Details

Re: (Full Name)

Current Address:

(Address to which details refer – if different)

Telephone number home:

Mobile:

Account ref:

Benefits reference:

Property ref:

Recovery stage:

Customer Statement

Continue overleaf if required

Customer Declaration (enquiry counter only)

1. I have read the above or the above has been read over to me.
2. The information I have given is true and complete to the best of my knowledge.
3. There have been no changes to my circumstances apart from those stated above.
4. I understand that if I have given information that is not true or complete action may be taken against me.

Customer's Name:

Customer's Signature:

Statement Date:

Action taken by HBC

Statement completed by: Customer

HBC staff

Statement taken via: Counter

Telephone NINO/DOB/Personal Info Verified

Proof/evidence requested customer

Confirmation in writing requested

New Claim Appointment made

Claim Suspended (notepad updated)

Officer's Name:

Officer's Signature: