

APPLICATION FOR FAMILY ALLOWANCE

1. Applicant's Details

Full Name:				
Address:				
Date of Birth:				
Eligibility criteria met (please tick one)	FI Status			
	Permanent Residence Permit (PRP)			
	Ordinarily resident in the Falkland Islands for not less than three years immediately before payment			
Land Telephone Number:				
Mobile Number:				
E-mail Address:				
Preferred method of contact:	Telephone	Mobile	E-mail	Post

2. Children's Details

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 end of the academic year in which a child turns 16 years, whichever is the later.

** To qualify for payment of family allowance the claimant must hold Falkland Islands Status or PRP or the child must have Falkland Islands Status or a parent/child have been ordinarily resident in the Falkland Islands for not less than three years immediately before payment of the allowance. We ask that PRP holders attach a copy of their PRP certificate to their application form or for those that are claiming on the basis of being ordinarily resident in the Falkland Islands for not less than three years immediately before payment that they provide proof of this e.g. through a copy of work permit and/or tenancy agreements.

*** We also ask that you please attach a copy of your child's birth certificate to your application before your application can be processed.

A claim can be backdated for up to six months from the date the claim form is submitted back to when the claimant became eligible.

3. Declaration

I certify that:

To the best of my knowledge and belief, all information contained in this application is true and accurate.

When requested I will provide the Treasury with any updated information requested for the continuity of my registration under the Scheme.

I authorise the Treasury to provide information to the Taxation Office in respect of family allowance payments.

I acknowledge that if an overpayment occurs, I may be liable to refund the total amount overpaid.

I understand that my registration may be assessed regularly to satisfy the Treasury that I continue to comply with the Family Allowances Ordinance 2023.

I am aware that it is an offence not to declare any changes in my circumstances that affect my entitlement to claim for family allowance, within 10 working days from the date of change.

I am also aware that I may be liable to prosecution if I knowingly or recklessly make a false statement in this application or in a claim for family allowance.

I will comply with all the requirements and conditions of registration under the Ordinance.

Name: _____

Signature: _____ Date: _____

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

SCB Account Number: _____

Name of account holder _____

*Please return the completed form along with copies of birth certificates and proof of eligibility by email to: asmith@sec.gov.fk or by post to: **The Treasury, Family Allowance, Stanley.** If you have any questions then please contact the Treasury, telephone 28412 or email asmith@sec.gov.fk*