



Name: **PRE-POPULATED**

Customer Reference Number: **CUSTOMER REF NUMBER**

National Insurance number: **PRE-POPULATED**

Date of birth: **PRE-POPULATED**

Confirmation of Customer Details Form

You must complete all sections of the form that apply to you, sign, and return it with your **photocopied** evidence.

Section 1– Details check

Check your National Insurance number and date of birth shown above. If any details are incorrect, please update them.

National Insurance number

Date of birth

- -

Section 2– Employment Information

Tick the section that applies to you and where you see **e**, you should refer to the Evidence Information Sheet to find out what evidence you need to send us along with your completed form.

Employed

You must provide **all** of your current employment details before returning your form. If you're unsure of any details you should speak to your payroll department.

If you'd prefer to speak to an advisor call us on **0300 100 0611** with your employment details and we'll update your account immediately.

Employer's PAYE reference number

Employers name and address (Head Office)

/

Employment start date

- -

Works, payroll or branch number

Postcode

Self-employed **e**

Unique Tax Payer Reference number

(This is a 10 digit number shown on the top right hand corner of your Self Assessment returns.)

Read the Evidence Information Sheet and make sure you send all the evidence we need.

Not in employment **e**

If you're in further study, receiving benefits or supported by a third party read the Evidence Information Sheet and make sure you send all the evidence we need.

Section 3 – Confirmation of other means of support

Only complete the Benefits Office Confirmation or Third Party Confirmation if advised to do so in the Evidence Information Sheet.

Benefits Office Confirmation

If you're in receipt of any benefits, ask your Benefits Office to complete the declaration below.

I confirm that the person named on this form is currently receiving benefits.

Signature on behalf of Benefits Office

Print Name

Today's date

 - -

Stamp from the Benefits Office

Benefit Type

Third Party Declaration

If you're financially supported by a third party have that person complete the declaration below and confirm how much they support you

I confirm I financially support the person named on this form.

Third Party Signature

Print Name

Third Party Address

Today's date

 - -

Total amount of support
(Weekly/Monthly/Annually)

£

Postcode

Section 4 – Personal Details

If any of your personal details have changed please update them below.

Title Home Tel

Forename(s) Work/term Tel

Surname Mobile

Email address

Address

Postcode

Section 5 - Customer Declaration

This must be signed and dated or we cannot process your form. Any information found to be false may be regarded as fraudulent.

I confirm that the information I have given on this form is true and correct. I understand that Student Loans Company Limited (SLC) reserves the right to request additional information and/or to verify the information I have provided. I authorise the organisation(s) and person(s) detailed in this form to provide SLC with confirmation and further information that they may request.

Your signature

Today's date

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