|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **(DCI1 ) Benefit Inspired NINo Application Request** | | | |  |
|  | **Entitlement to Benefit/Credit must be established before referral to DWP NINo Centre**  If benefit entitlement has not been established do not refer this form to the DWP NINo Centre. The NINo Centre does not determine entitlement to benefit. Retain the form until all appropriate checks and tests have been undertaken and you are satisfied the customer is entitled to benefit. | | | |  |
|  |  | | | |  |
|  | Contact Name |  | |  |  |
|  |  | | | |  |
|  | Full contact number (inc STD code) |  | |  |  |
|  |  | | | |  |
|  | Full Office Postal Address Inc Postcode |  | |  |  |
|  |  | | | |  |
|  | Benefit Type | |  |  |  |
|  |  | | | |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | |  |
|  | **NINo Applicant details** (completed by benefit teams) | | | | | | | |  |  |
|  |  | | | | | | | | |  |
|  | Surname | | |  | | | | |  |  |
|  |  | | | | | | | | |  |
|  | Other Names | | |  | | | | |  |  |
|  |  | | | | | | | | |  |
|  | Date of Birth | | |  | | | | |  |  |
|  |  | | | | | | | | |  |
|  | Address (including postcode) | | |  | | | | |  |  |
|  |  | | | | | | | | |  |
|  | Contact Number (inc STD code) | | |  | | | | |  |  |
|  |  | | |  | | | | |  |  |
|  | Mobile Number | | |  | | | | |  |  |
|  |  | | | | | | | | |  |
|  | Sex | | | Male | | Female | | |  |  |
|  |  | | |  | |  | | |  |  |
|  |  | | | | | | | | |  |
|  | Entitled to Benefit | Yes | No | | Partner of Benefit Claimant? | | Yes | No | |  |
|  |  | | | | | | | | |  |
|  | **Additional relevant information:** | | | | | | | | |  |
|  |  | | | | | | | | |  |
|  |  | | |  | | | | | |  |
|  | Signature | | |  | | | | | |  |
|  |  | | | | | | | | |  |
|  | Print name | | |  | | | | | |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  | **Completed by NINo Centre/Allocation Officer** | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | |  |
|  | Existing/Allocated National Insurance Number | |  |  |  |  |  |  |  |  |  | |  |
|  |  | | | | | | | | | | | |  |
|  | NINo Decision Code:  Comments or for information relating to decision as per SNAP guide | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | |  |
|  | Date |  | | | | | | | | | |  |  |
|  |  | | | | | | | | | | | |  |

|  |  |
| --- | --- |
| **Reason:** | **Code:** |
| Applicant NINo Allocated | 1 |
| Partner NINo Allocated | 2 |
| Applicant NINo Refused no Recourse to Public Funds | 3 |
| Applicant NINo Refused no RTW | 4 |
| Partner NINo Refused Immigration Status Invalid | 5 |
| Applicant NINo Refused ID not established FTA | 6 |
| Applicant NINo Refused ID not established incomplete evidence | 7 |
| Applicant NINo Refused ID not established potential fraud | 8 |
| Partner NINo Refused ID not established FTA | 9 |
| Partner NINo Refused ID not established incomplete evidence | 10 |
| Partner NINo Refused ID not established potential fraud | 11 |
| Partner NINo Allocated but no Recourse (passported entitlement) | 12 |
| Applicant NINo Allocated but no Recourse (passported entitlement) | 13 |
| Applicant NINo traced | 14 |
| Partner NINo traced | 15 |
| Applicant NINo upgraded | 16 |
| Partner NINo upgraded | 17 |