OFFICIAL SENSITIVE (WHEN COMPLETED)

CEA WITHDRAWAL DECLARATION FORM¹

PART 1 – TO BE COMPLETED BY THE CEA CLAIMANT * Delete as necessary			
Numbe	r:	Rank:	Name:
Svc/Regt/Corps: Current Unit:			
Unit Ad	dress:		
Unit HR Telephone Number: Unit Fax Number:			
1. In accordance with the authority given by DCDS (Pers & Trg) (Remuneration) ² , I wish to cease claiming CEA for the following child/ren*:			
Child 1: Name		Date of birt	h/ CEAS number:
Reason for withdrawal:			
Child 2: Name Date of birth:/ CEAS number:			
Reason for withdrawal:			
Child 3 ³ : Name Date of birth:/ CEAS number:			
Reason for withdrawal:			
2. The child's last day of attendance will be:			
Child 1: School///			Last day of attendance://
Child 2: School			Last day of attendance://
Child 3 ³ : School			Last day of attendance:///
3.	In withdrawing from	CEA:	
a. b. c.	I understand that I am foregoing all future entitlement to CEA for the child/ren* named above I confirm that there are no children other than those named above for whom I claim CEA* I confirm that I wish to continue to claim CEA for other child/ren*		
	Child's name		Date of birth:///
	Child's name ³		Date of birth://
d.			mit a CEA Eligibility Certificate application for any child for nue to satisfy all CEA eligibility criteria.
Signed			Dated:
PART 2 (or design	2 – TO BE COMPLE nated representative not to	FED BY THE COMMA be below the rank of OF2)	NDING OFFICER (CO)
Appointment: Name: Name:			
Signed: Dated:			
1	Once complete this form	is to be actained with the in-	

Once complete, this form is to be retained with the individual's unit pay documentation. A copy is to be forwarded to CEAS and DBS PACCC. 2

DIN 2012DIN01-242 dated 28 November 2012.

³ Add additional children where appropriate.