

How to make your annual claim

Please use this form to make an annual claim for tax relief on tax paid on Child Trust Fund (CTF) investments.

These notes will help you to complete this form. If you need further information please refer to the Guidance Notes for CTF Providers. The Guidance Notes are updated regularly and can be found at www.hmrc.gov.uk/ctf

Please write in CAPITAL LETTERS using black ink.

Make sure that your claim reaches us **no later than 5 October** following the end of the tax year. Our payment will then reach you on the 19th day of the following month (or the next working day). Send the completed form to us at

Savings Schemes Office
Services Team 1
St John's House
Merton Road
BOOTLE
Merseyside
L69 9BB

You cannot make an interim claim for the tax month ending 5 October (or any subsequent month) until this annual claim has been received.

Period of your claim

Your annual claim relates to income with a payment date falling in the tax year ending on 5 April. It is a consolidated claim covering all interim claims made for that year.

You do not need to complete this form if you have not made any interim claims and have not managed any Child Trust Funds.

CTF provider reference

Name of CTF provider

CTF				
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Annual Claim

I am applying for tax relief on behalf of children with Child Trust Funds managed by me under the Child Trust Funds Regulations 2004.

Period of claim

From / / to / /

Part 1 - Amount claimed

Tax deducted £ **A**

Part 2 - Amounts payable

Adjustments to previous claims £ **B**

Tax deducted on chargeable events £ **C**

Total (Box B plus Box C) £ **D**

Part 3 - Reconciliation

Net amount claimed (Box A minus Box D) £ **E**

or

Net amount payable (Box D minus Box A) £ **F**

Part 4 - Net amount from interim claim(s) made

Net amount received from HM Revenue & Customs £ **G**

or

Net amount paid to HM Revenue & Customs £ **H**

Part 5 - Total amount for year

I claim a total of (Box E minus Box G, or Box E plus Box H, or Box H minus Box F) £ **J**

or

I enclose payment of (Box F minus Box H, or Box F plus Box G, or Box G minus Box E) £ **K**

Payment details

Please confirm the details of the bank or building society account we should make payment to.

The payment details you provide here should match those you have given us already. Any changes must be reported by the CTF provider liaison officer separately, in writing, before a claim is made.

Name(s) of account holder(s)

Account number (usually between 7 and 10 digits)

Sort code

 - -

Full name of bank or building society

Reference number or roll number, for building society accounts, if any

Certificate

I certify that, as the CTF provider named above,

- I am keeping all records needed by the CTF Regulations.
- I hold tax vouchers for the amount claimed here.
- I hold a record of all amounts summarised in this claim, separately listed, which are available for inspection as required.
- to the best of my knowledge the claim is correct.

I agree to account to HM Revenue & Customs for any sum overclaimed.

Authorised signatory

Name of authorised signatory (please print your name)

Signature of authorised signatory

Date

 / /