

# Help using this Veterans UK PDF form

## About this form

- **You must download and save this form to your computer before using it**
- You can save data typed into this PDF form if you use the latest version of **Adobe Acrobat Reader**
- To download the latest version of Adobe Acrobat Reader free of charge go to the Adobe website
- This means that you do not have to complete this form in one session

## Helpful information for using this form

- Save the form to your computer
- After completion print the form
- Sign the form in black pen
- Post the form using the address given

## The form will not save in

- older versions of Adobe Acrobat Reader
- other pdf readers, for example Preview or Foxit on a PC

**We have been made aware of issues when using Apple products such as Iphones and I pads to complete this form.**

**You may be unable to save or re-open it due to updates to Apple products since this form was created.**

**Work is being undertaken to transform our forms and systems but until this is complete, we ask that you find an alternative device, if possible, or print the form and complete it by hand.**

## Feedback

- We would like your feedback about this form. We will only use comments to improve future versions. **Please do not send this form or any personal information to this email address. It is for feedback comments only**
- Please email your comments to: [DBS-OPTaC@mod.gov.uk](mailto:DBS-OPTaC@mod.gov.uk)

**PLEASE NOTE YOU MUST SIGN THIS FORM USING A BLACK PEN.**

**WE CANNOT ACCEPT THIS FORM BY EMAIL**

**Intentionally left blank**



# Ministry of Defence

## Fast Payment Application

Fast payments are a payment on account for those serving personnel with significant injuries. The payment (currently £61,800) can be paid early in the person's treatment and recovery.

A fast payment can be made if:

- you are still serving in HM Armed Forces
- you have injuries which occurred on or after 9 May 2011

and

- one or more of these injuries would, upon claiming, give rise to an award between tariff levels 1-8

The time limit for making an application for a fast payment is 6 months beginning with the day on which the injury occurs.

## Payments under the Armed Forces Compensation Scheme (AFCS)

For serving personnel, payment will be made via Joint Personnel Administration (JPA) into the same account as your salary.

**If you signed the UKSF Confidentiality Contract you must apply for Express Prior Authority from your unit Adjutant before putting in any claim which may disclose details of your service with UKSF.**

If you need more help completing the form our Welfare Service or Helpline advisors can help.

**Our contact details are:**

**Veterans UK  
Norcross  
Thornton-Cleveleys  
FY5 3WP  
England**

Telephone: **Veterans (UK only) Helpline 0808 1914 2 18**  
Overseas Helpline: **+44 1253 666043**

Email: [veterans-uk@mod.gov.uk](mailto:veterans-uk@mod.gov.uk)  
Website: [www.gov.uk/veterans-uk](http://www.gov.uk/veterans-uk)

## How the MOD collects and uses personal information

The Ministry of Defence (MOD) is committed to protecting the privacy and security of your personal data and the [MOD Privacy notice](#) explains your rights and provides information that you are entitled to under UK data protection legislation. It is important that you read this notice, together with any other privacy notice that may be provided when we collect or process personal information about you so that you are aware of how and why we are using such information.

The [MOD Personal information charter](#) contains the standards you can expect when we ask for, hold, or share your personal information and your rights under the law.

## Part 1 Personal details

1. Title
2. Surname
3. All other names in full
4. Contact address

**Important:**

Please remember to tell us if your address or phone number changes

Postcode

5. Contact telephone numbers  
Home  
Work  
Mobile

6. Email address

7. Date of birth

8. Service number

9. Service branch (RN, RM, Army, RAF)

10. Current rank

## Part 2 Your application

11. What date did the injuries occur?

12. Please tell us about the injuries you are claiming for: Include as much detail as possible

## Part 2 Your application (continued)

13. Please describe the incident.  
Where were you?  
What were you doing?

### Declaration

**I confirm** that the information I have given is accurate and complete to the best of my knowledge and belief.

**I understand** that

- any decision on a fast payment does not prevent me from making a full claim under AFCS but I must complete an AFCS claim form within the statutory time limits
- if I am awarded a fast payment the amount I receive will be taken into account when my full claim is assessed and any compensation awarded
- if I knowingly give false information, I may be liable to prosecution.

**Please remember you must sign this form yourself if you can – even if someone else has filled it in for you. If a representative who acts as power of attorney or appointee for the claimant is signing this form, they must enclose evidence to show that they are the legal representative.**

Signature

Date

Print name