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
- The form will not save in older versions of Adobe Acrobat Reader
- The form will not save in other pdf readers, for example Preview or Foxit on a PC

Emailing the form

- Email the form to: Veterans-UK@mod.gov.uk

Posting the form

- If you wish to post the form, please print after completion, and sign in black pen
- Post the form using the address given

We have been made aware of issues when using Apple products such as iPhone and iPad 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.

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Ministry of Defence

Clothing Allowance Claim Form

You may be entitled to this allowance if you are an amputee or your clothes wear out very quickly because of your condition.

What we want you to do

Please complete the form, then sign and date the declaration page. Send this form back to us as soon as you can.

What happens next

After we get this claim form back, we will:

- send you an acknowledgment
- keep you informed of the progress of your claim
- write to you again with more information as soon as we can.

If you need help completing this form Veterans Services (VS) 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 866 043**

Email: veterans-uk@mod.gov.uk
Website: 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.

About you – if you do not tell us all your personal details, we may have to get in touch with you for more information. This may delay your claim.

National Insurance number

You can find the number on your National Insurance (NI) number card, letters about other benefits or payslips.

If you do not know your NI number have you ever had one or used one at any time? No Yes

Surname or Family name

All other names in full

All other Surnames or family names you have been known by or are using now. (Please include maiden name, all other former married names and all changes of family name. Please list them in date order, the most recent first).

Date of birth

Address

Postcode

Daytime phone number

Email address

Please tell us about any other personal details you think we should know on a separate sheet of paper, for instance other names or previous addresses within the last 3 years. Make sure to put your full name and national insurance number on the top of the piece of paper.

Please give the reasons why you are claiming a Clothing Allowance.

Declaration

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

I understand that the information and personal data I have provided on this form, and any information and personal data I provide subsequently may be:

- used by the Ministry of Defence (MOD) in connection with my claim, or any subsequent reconsideration, review or appeal, under the Armed Forces Compensation Scheme (AFCS) or the Service Pensions Order (SPO) or any other schemes administered by Veterans UK.
- passed to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner asked by the MOD to provide specialist advice.
- passed to the Department for Work and Pensions.
- used by the MOD and its agents in connection with all matters relating to this or future claims, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or other schemes administered by Veterans UK, and other claims against the MOD, and by other Government Departments, which have a legitimate interest in this information for example, for the prevention and detection of crime.

I understand that

- I must immediately tell the MOD of anything that may affect my entitlement to, or the amount of, an award under the AFCS, a war pension, a supplementary allowance or any survivors' benefits paid under the SPO, or an award paid under any other scheme administered by Veterans UK, including any changes of address.
- If I knowingly give false information, I may be liable to prosecution.

I agree that

- the MOD and
- any doctor advising the MOD and
- any organisation contracted to provide medical services to the MOD and any doctor providing services to that organisation

may ask

- any doctor who has provided treatment and
- any hospital or similar place and
- anyone else who has provided treatment (such as a physiotherapist)

for copies of all medical records (including those in sealed envelopes) and any other information required to consider my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by Veterans UK.

And that the MOD may

disclose medical records, and any information about my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by Veterans UK, to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner or consultant asked by the MOD to provide specialist advice. I understand that the information will be retained by the MOD, either as a written record, or on a secure database, and may be used in future if it is necessary to reconsider or review my claim and any award made.

I agree

- to refund any sum paid as a result of this claim in the event that an overpayment is made for any reason.

Consent for email correspondence

Veterans UK is happy to conduct correspondence with customers via a nominated email address if that is their preference. There are some types of personal information we would not be able to include in an email correspondence which are listed below.

I authorise Veterans UK of the MOD to use email whenever possible in its correspondence with me via my nominated email address shown on the front of this claim form. I accept that the information may include my personal details excluding bank account numbers, national insurance number, medical details and any other information that could compromise my identity.

I understand that correspondence transmitted by email may be open to abuse because it is transmitting over an unsecured network. I accept that the MOD will not be liable for any loss, interception or unauthorised use of information transmitted this way. I am content for Veterans UK to correspond with me from the email address shown at the front of this claim form.

Do you wish to correspond by email? ☐ **Yes** ☐ **No**

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

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- Email the form to: Veterans-UK@mod.gov.uk

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- Post the form to:

Veterans UK
Norcross
Thornton-Cleveleys
Lancashire
FY5 3WP
England

For completion by Veterans Services (VS) or Authorised Agent

Name of Department or Organisation

Office address stamp

Your reference number

Signature

Date of receipt of claimant's first contact with VS or Authorised Agent about this claim. / /

Date claim form issued / /

Date completed form was received back by VS or Authorised Agent. / /