

Confirmation of income - Academic Year 2007/08

CI2

This form is also available on our website
www.studentfinancedirect.co.uk

Please complete the student's name in the following boxes before completing the rest of this form.

Student's forename(s):

Surname:

Important Information

This form asks for evidence of your income. We need this information to help us determine a student's entitlement to student finance.

- You should only complete this form if you are unable to provide:
 - a P60 or a month 12 or week 53 payslip from your employer; or
 - a P11D for 2006-07 or P2 "notice of coding" for 2007-08.
- If you had more than one employer during the financial year 6 April 2006 to 5 April 2007 you must provide evidence or a CI2 form for each employer.
- Do not use this form to confirm details of self-employment. Instead, you should complete a "Confirmation of earnings from self-employment" form GSA1.
- If you require a GSA1 form or further copies of this CI2 form you can download them from our website at www.studentfinancedirect.co.uk. Alternatively, you can contact our Customer Support Office on 08456 077 577 to have copies sent to you

Instructions

- Complete this form in black ink and use BLOCK CAPITALS.
- **Answer all the questions in section 1 and sign and date declaration A.**
- Your employer should complete all the questions in **section 2** and sign and date **declaration B**. If a question does not apply, they should write "N/A" or "None". If your employer does not, we may return this form to you as it will appear incomplete. This may delay the student's application for finance.
- **You**, not your employer, should **return all pages** of the completed form to us at the address shown on the letter accompanying this form or on the contact list available online at www.studentfinancedirect.co.uk.

section

1

personal details

If the personal details pre-printed on this form are incorrect, please contact our Customer Support Office on 08456 077 577.

a

Student's details

ART ID:

Forename(s):

Surname:

Date of birth:

b

Your details

ART ID:

Forename(s):

Surname:

Home address:

Postcode:

Declaration A

If you cannot sign this form yourself, for whatever reason, it must be signed on your behalf by someone who holds a valid Power of Attorney. The Power of Attorney letter must be sent with this form before a signature from that Power of Attorney will be accepted.

Before signing and returning your completed form, you should read the Data Protection Statement on the PN1, PR1, PFF1 or PFF2 notes that were sent with the original PN1, PR1, PFF1 or PFF2 application form. This statement sets out who will use the information provided on this CI2 form and what they will use it for.

A copy of the Data Protection Statement can also be found at www.studentfinancedirect.co.uk. Alternatively, you may also obtain a copy of the Statement by writing to the SLC at 100 Bothwell Street, Glasgow or by contacting our Customer Support Office on 08456 077577.

- I confirm that to the best of my knowledge and belief, the information I have given on this form is true and complete and I understand that if I have given the LEA (or SLC where appropriate) false information, or have not given them complete information, I may be prosecuted and financial support withdrawn.
- I agree to supply any further information in relation to the applicant's application for financial support that the LEA (or SLC where appropriate) may ask for and agree to tell them immediately if my personal or financial circumstances change in any way that might affect this application for financial support.

- I authorise my employer to give information about my income to the LEA (or SLC where appropriate) to assess higher education student finance for the student named in section 1a of this form.

Your full name
(in BLOCK CAPITALS):

Signature:

Date: DAY MONTH YEAR

section
2

employment details

To be completed by the employer.

a Name of employee:
 Job title:

b1 Gross salary or wages, before income tax, National Insurance and superannuation contributions are taken off for the employee named in section 1b for the financial year ended 5 April 2007 (please include any overtime, bonuses and commission): £

b2 Taxable benefits in kind. Give the type of benefit and the amount received:

Type	£
Type	£
Type	£
Total:	£ <input type="text"/>

b3 Total superannuation contributions taken off during the year: £

c Has the employee been employed by your company for the whole financial year? Yes No

If no, give the employee's dates of employment during the financial year ended 5 April 2007. From: DAY MONTH YEAR To: DAY MONTH YEAR

Declaration B

To be completed by the employer.

I confirm that the payments listed in section 2 were made to the employee named in section 1b of this form during the financial year ending 5 April 2007.

Your full name (in BLOCK CAPITALS):

Your signature:

Date: Position in firm:

Name and address of employer:

Phone Number: Postcode:

Please return this form to the person named in section 1b. You must **not** return it to us or the student named in section 1a. If you have any questions about completing this form, please contact our Customer Support Office on 08456 077577.

Employer's stamp

Additional Notes

If you are providing extra information below please clearly mark what section and question number the information is relating to.