



SCHOOL CLOSURE SUPPORT

PLEASE READ FIRST: Complete form if your child is not currently on the Child Benefit

Q:1 Child's Information

Child First Name :

Child Surname:

Child Date of Birth:

Child Gender: ☐ Male ☐ Female

Q:2 Childs Residency Status

Resident Type : ☐ Cook Islander

☐ Non-Cook Islander

Nationality:

Q:3 Childs Supporting Documents

☐ Valid ID of child (Passport or Birth Certificate)

☐ Valid ID for applicant (Passport or Driver's License)

☐ Bank Book or Letter or statement from Bank confirming account details

Q:4 Childs Banking Details

Please select a Bank: ANZ ☐ BSP ☐ BCI ☐

Name on Account:

Account No: : Suffix:

Q:5 Applicant information

First Name :

Surname:

Relationship to Child

Q:6 Contact information

Village: Island:

Phone: Mobile:

Email:

This Information provided is true and complete. I agree to the terms and conditions of this temporary benefit.

(Refer to www.intaff.gov.ck for terms and conditions)

Applicant Signature:

Receiving Officer:

Date: