



## Liable parent's details

**8** IRD number

**9** Name (Tick one)  Mr  Mrs  Miss  Ms

First name(s)

Surname

**10** Home address

Street address

Town or city Postcode

**11** Postal address (if different from above)

Street address or PO Box

Town or city Postcode

**12** Contact details

Day Evening Mobile

Email

If a child doesn't have an IRD number, you'll need to apply for one. You can do this by completing an *Application for an IRD number – individual (IR 595)* form.

The agreement start date needs to be a date in the future. If you don't specify a future date we'll use the date we receive this form. Your agreement must be:

- for a "qualifying child". This is a child who is under 18 years of age or 18 years of age and enrolled at and attending a registered school in New Zealand or an overseas school, a New Zealand citizen or ordinarily resident in New Zealand, is not financially independent and not living with another person in a marriage, civil union or de facto relationship
- for regular payments, and for at least \$10 per week (\$520 per year)
- signed by both the liable parent and receiving carer.

**If you have a separate written agreement please attach a copy to this form.**

## Voluntary agreement details

If there are more than three children, please write their details on a separate piece of paper and write your name and IRD number at the top and attach it to this form.

**14** First child

First name(s)

Surname

Date of birth    IRD number

Day Month Year

Amount payable \$    Each week  month  year (Tick one)

Agreement start date

**15** Second child

First name(s)

Surname

Date of birth    IRD number

Day Month Year

Amount payable \$    Each week  month  year (Tick one)

Agreement start date

**16 Third child**

	<input type="text"/>	
	First name(s)	<input type="text"/>
	Surname	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	IRD number <input type="text"/>
	Day    Month    Year	
Amount payable	\$ <input type="text"/> . <input type="text"/>	<input type="radio"/> Each week <input type="radio"/> month <input type="radio"/> year    (Tick one)
		Agreement start date <input type="text"/>

**Declaration**

Both parties to the agreement must sign this form.

*To the best of my knowledge the information given is true and correct.*

**Receiving carer**

Signature

<input type="text"/>	/	/
	Date	

*To the best of my knowledge the information given is true and correct.*

**Liable parent**

Signature

<input type="text"/>	/	/
	Date	

**Please send this completed form to: Child Support, PO Box 39010, Wellington Mail Centre, Lower Hutt 5045**

**Privacy**

Meeting your child support obligations involves giving accurate information to Inland Revenue. We ask you for information so we can assess your liabilities and entitlements under the Child Support Act 1991.

We may also exchange information about you with:

- some government agencies
- another country, if we have an information supply agreement with them
- Statistics New Zealand (for statistical purposes only).

If you ask to see the personal information we hold about you, we'll show you and correct any errors, unless we have a lawful reason not to. Call us on 0800 221 221 for more information. For full details of our privacy policy go to [www.ird.govt.nz](http://www.ird.govt.nz) (search keyword: privacy).

