**A&N Benefits & Tax Advisory**
Supporting a Brighter Tomorrow | People | Guidance | Solutions
+44 7429 973825
anbenefitstax@gmail.com

# Mandatory Review / Appeal Form

## How to complete this form

1. Print the form, or open it on your computer or phone and type into the spaces provided.
2. Complete every section in BLOCK CAPITALS using black ink. Write "N/A" where a question does not apply to you.
3. Give full and honest answers. If you need more room, continue on a separate sheet and write your name at the top.
4. Gather the supporting documents listed below and take a clear photo or scan of each one.
5. Sign and date the declaration, then email the form and documents to anbenefitstax@gmail.com or send them to us on WhatsApp +44 7429 973825.
6. We will confirm receipt and contact you if anything else is needed before your consultation.

## Documents to send with this form

- Photo ID (passport, BRP or driving licence)
- Proof of address dated within 3 months
- National Insurance number letter or payslip
- The decision letter you disagree with
- Any new medical or financial evidence
- Notes of phone calls with the DWP

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# Mandatory Review / Appeal Form — Your details

## Personal details

Full name _____

Date of birth _____

National Insurance number _____

Address and postcode _____

Phone number _____

Email address _____

Preferred language _____

## Household & income

Partner's name (if any) _____

Children and their dates of birth _____

Who else lives with you _____

Monthly income (all sources) _____

Rent or mortgage per month _____

Savings and capital _____

## The decision

Date of the decision letter _____

Benefit the decision relates to _____

Why you believe the decision is wrong

New evidence you can provide

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## Mandatory Review / Appeal Form — Your details

Deadline shown on the letter _____

Declaration: I confirm that the information I have given is complete and correct to the best of my knowledge. I authorise A&N Benefits & Tax Advisory to use this information to advise me and, where agreed, to correspond with the relevant authorities on my behalf. My information will be kept confidential and used only for this purpose.

Signature: _____ Date: _____