

This form is to be used when you wish to advise Veterans' Affairs of a change or update of your circumstances.

## Personal Details

<b>1</b>	Veterans' Affairs number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>2</b>	Title	Rank <input type="text"/>	<input type="text"/>	Mr	<input type="text"/>	Mrs	<input type="text"/>	Ms	<input type="text"/>	Other <input type="text"/>
<b>3</b>	Last name	<input type="text"/>								
<b>4</b>	First name/s	<input type="text"/>								
<b>5</b>	Other name/s known as	<input type="text"/>								
<b>6</b>	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				

## Change of circumstances

### 7 I would like to:


<input type="checkbox"/>	Change my address, complete question <b>8</b> only
<input type="checkbox"/>	Change my bank account, complete question <b>9</b> only
<input type="checkbox"/>	Update my child/ren and or dependants details, complete question <b>10</b> only
<input type="checkbox"/>	Update my relationship status, complete question <b>11</b> only
<input type="checkbox"/>	Change my tax code, complete question <b>12</b> only
<input type="checkbox"/>	Confirm I am continuing my study, complete question <b>13</b> only

### 8 New address and contact details

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code
Home Phone	Work Phone
Mobile Number	Fax Number
E-mail Address	

### 9 Bank details

Name of bank	Branch
Account Name	

 Write your bank account number below and attach an original or certified copy of your bank

Bank			Branch			Account number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**If applicable please attach:**

- An original copy of the bank account (verified if copied)

## 10 Update children/dependant's information

Name	
Date of Birth	
Relationship to the veteran	
Name	
Date of Birth	
Relationship to the veteran	
(Explanation of the change of circumstances for the child/dependant)	

## 11 Change of relationship status

I would like to change my relationship status to:

Single  Married  De facto  Civil Union  Other

Name of partner/spouse	
Date of Birth	

## 12 Change my tax code

I would like to change my tax code

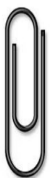
My current tax code is:  Please change it to:

## 13 Confirmation of study (for those in receipt of a Children's Pension or Bursary only)

I am currently studying :

Full time  Part time

at



**If applicable please attach:**

- **Certified evidence of your relationship to the child/dependant** (if completing question 10)
- **Verification of study from the institution of study** (if completing question 13)

**Send your completed application to:**

Veterans' Affairs  
PO Box 5146  
WELLINGTON 6140

## Privacy Statement

### You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

### Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

### I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

## Signature | Please sign

### Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

DD / MM / YYYY

### Helper | Complete this section if you've helped the claimant to complete this form.

Helper name

Helper's relationship to claimant