

OFFICE USE ONLY



Australian Government
Department of Veterans' Affairs

Notification of Change of Circumstances for counter and telephone use

DVA File Number

NOTE: please inform client

The information provided on this form is required for assessing your pension or treatment entitlements.

Depending on the information provided, some of it may be disclosed to another Agency or organisation including:

- Centrelink and the Australian Taxation Office for the purposes of matching information;
- the Department of Defence for compensation purposes;
- the Australian Valuation Office for property valuations;
- various State and Local Government authorities, or other organisations, to verify eligibility for rebates or concessions relating to rates, electricity, housing, transport, motor vehicles and ambulance;
- educational authorities to facilitate the student's education; and
- superannuation funds to establish income/assets.

Pensioner's details

Surname

Given name(s)

Address

.....
Postcode

Telephone number

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Security check

- DOB
- Account for payment
- Address
- Partner's name
- File number
- Other

Informant's details *(if applicable)*

Surname

Given name(s)

Relationship to pensioner

Telephone number

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Date of Notification

 / /

Details of change of circumstances


What is the date of event for this change?

 / /

Details of change of circumstances		
What is the date of event for this change?		

Details of change of circumstances		
What is the date of event for this change?		

<p>For notification by phone:</p> <p>Are these details to be confirmed in writing? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<p>For notification in person:</p> <p>Is there additional information attached?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>I declare that the information I have given is correct.</p> <p>I understand that there are penalties for deliberately giving false or misleading information.</p> <p>I authorise the Department to make any enquiries needed to assess my continuing eligibility for a service pension or income support supplement.</p> <p>Signature of informant </p>
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OFFICE USE ONLY	
A copy of this notification has been sent to	<input type="text"/> for their action.
Your name	<input type="text"/>
Your signature	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>