

Confirmation of income - Academic Year **2017/18**



Forename(s)

Surname

Important information

You should complete this form to confirm your income if you are unable to provide one of the following for the financial year 2015-16:

- a P60
- a Month 12 or week 53 payslip showing 'Total paid to date'.
- a P11D 'expenses and benefits'.

If you had more than one employer during the financial year 6 April 2015 to 5 April 2016 you must provide evidence or a Confirmation of Income Form (CI2) for each employer.

Instructions

- **Answer all the questions in section 1 and sign and date Declaration A.**
- Your employer should complete all the questions in **section 2** and sign and date **Declaration B.**
- If you leave any questions blank we will not be able to process the student's application. If a question does not apply to you, please enter 'None' or 'N/A' as the answer.
- **Once your employer has completed this form and signed and dated the declaration,** please return it to us at the address shown on the letter accompanying this form or the EA finder available online at www.studentfinanceneni.co.uk.

section

1

personal details

a

Student's details

Customer Reference Number

Forename(s)

Surname

Date of birth DAY MONTH YEAR

b

Your details

Customer Reference Number

Forename(s)

Surname

Home address

Postcode

Declaration A

Our Data Protection Statement sets out who will use the information provided on this form and what they will use it for. Before signing this form please read our statement online at www.studentfinancenl.co.uk/dataprotection.

If you cannot sign this form it must be signed on your behalf by your Power of Attorney. The Power of Attorney letter must be sent with this form before a signature from that Power of Attorney will be accepted.

- I confirm that to the best of my knowledge and belief, the information I have provided is true and complete. If it is not I understand I might be prosecuted and the student(s) I am supporting may have their financial support withdrawn.

Your full name (in BLOCK CAPITALS)

Signature Date DAY MONTH YEAR

employment details

To be completed by the employer.

a

Name of employee

Job title

b1

Gross salary or wages, before income tax, National Insurance and pension contributions are taken off for the employee named in section 1, question b for the financial year ended 5 April 2016 (please include any overtime, bonuses and commission).

£

b2

Taxable benefits in kind. Give the type of benefit and the amount received.

Type	£
Type	£
Type	£

Total

£

b3

Total pension contributions taken off during the year

£

c

Has the employee been employed by your company for the whole financial year?

Yes No

If no, give the employee's dates of employment during the financial year ended 5 April 2016.

From

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

 To

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration B

To be completed by the employer

I confirm that the payments listed in section 2 were made to the employee named in section 1b of this form during the financial year ended 5 April 2016.

Your full name (in BLOCK CAPITALS)

Your signature

Date

DAY

MONTH

YEAR

Position in firm

Name and address of employer

Phone number

Postcode

Please return this form to the person named in section 1b. You must **not** return it to us or the student named in section 1a. If you have any questions about completing this form, please contact our Customer Support Office on 0300 100 0077.

Employer's stamp

Additional notes

If you are providing extra information below please clearly mark what section and question number the information is about.