### Personal Questionary form.

Claim for redundancy and other money you are owed. RP1 & RP2.

It is important that we have the information below to complete the application:

RP1 Case references*	(Your claim for redundancy and other money you're owed by an employer)				
RP2 Case References**	Se References** (Your claim for loss of notice)				
<ul> <li>*RP1 references you will receive from Insolvency Pract</li> <li>*RP2 references number you will receive from Insolver</li> </ul>		cepted.			
Claimant Employer Name:					
Name:	Surname:				
Date of Birth:	] NIN:				
	Email address:				
Current address:	Bank details: Name of Bank				
		a/c:			
		s/c:			
Start date of your employment:					
The date of your redundancy:					
The date of your last working day:					
Gross rates pay. monthly /weekly:					
Any breaks in employment:					

Number of holiday days you're entitled to and holiday you've taken:

Details of wages and other money you're owed by employer:

# Details of any money you still owe to your employer (for example season tickets loan, company loan etc.)

Did you get new job when the redundancy process starts? YES. NO.

## If your answer is YES, please providing the new company details include full address and contact details:

#### If your answer is YES, please providing correct answer:

New job starts since:	(please input correct date: day / month / year)
I receive Net pay monthly / weekly: £	
Job title:	
Did you receive any new benefits or an increase in an ex	xisting benefit? YES. NO.

#### If YES, please explain what kind of benefits and how much:

Did you apply for Jobseeker's? YES		NO.	
Why did you not apply for Jobseeker	's?		

----- DECLARATION -----

#### By submitting information for your claims, you confirm:

- The information you have provided is true.
- The bank details you have entered are accurate
- This is the only claim you are making for loss of notice in relation to this employment
- This is the only claim you are making for redundancy and monies owed in relation to this.

I understand and agree with the declaration above.



Claimant signature / Full name

Date: