

APPLICATION FORM B – IF YOU HAVE NOT CLAIMED UNDER PREVIOUS TRAWLERMEN SCHEMES

Section A: Trawlerman's details

1. National Insurance Number

2. Date of birth

3. Forename(s)

4. Surname

5. Address (include the postcode)

Section B: If trawlerman is deceased

6. Name of claimant

7. Relationship to trawlerman
(refer to guidance)

8. Date of death of trawlerman

9. Please supply a copy of the grant of representation if possible

10. Address (include the postcode)

Section C: Evidence of claim

Please attach or enclose a copy of the trawlerman's fishing passport (also known as the Registration Card for Fishermen) and any further evidence in support of your claim. Please see the scheme rules and guidance for further information about evidence.

Section D: Payment Details (Every claimant should complete this section)

11. If your claim is successful, how would you like to be paid?

By cheque to your home address

Direct to your bank/building society account

12. Bank details (if applicable)

Name of bank or building society

Address of bank or building society

Sort code

Bank account number

Building society roll number

Account holder's name

Section E: Declaration – Please read this carefully before signing

This form contains information which is personal data for the purposes of the Data Protection Act 1998 and in respect of which the Department for Business, Innovation and Skills is obliged to supply the following information:

- The Data Protection representative for the Department for Business, Innovation and Skills is: The Data Protection Act Officer, Bay 3.36, 1 Victoria Street, London SW1H 0ET.
- The information you provide will be used solely for processing and checking your claim under this scheme. The information may be given to any relevant government department or official delivery partners for this purpose. The information will not be disclosed to any other organisation for any other purpose.

Every claimant should complete this section.

- By signing this form I declare the information on this form is correct to the best of my knowledge and belief. I understand that it is a criminal offence to make a statement or representation that I know to be incorrect or provide documentation which is false. If I do so, I realise that I may be prosecuted.
- This is my only application for payment under this scheme.

Your signature

Date

Now send this form no later than 30 April 2010 to:
Icelandic Water Trawlersmen Compensation Scheme 2009
Suite 71, 27 Colmore Row, Birmingham B3 2EW

It is advisable to send this form by special delivery

**IF YOU NEED HELP TO LOCATE FISHING RECORDS PLEASE CALL OUR HELPLINE
ON: 0845 604 3477.**