

REPORT NO: [REDACTED]
RUN DATE: [REDACTED]
NINO: [REDACTED]

DEPARTMENT OF SOCIAL SECURITY

ABOUT CUSTOMER

OTHER PAYEE DETAILS

OTHER PAYEE PERSON NUMBER : 02
OTHER PAYEE CODE : 08

OTHER PAYEE TYPE : Appointee
START DATE : 27/11/14

END DATE : N/A

NAME TYPE : NAME 1
SURNAME : [REDACTED]
FIRST NAME : [REDACTED]
OTHER NAMES : [REDACTED]
TITLE : [REDACTED]
REQUESTED NAME : [REDACTED]

ADDRESS : [REDACTED]

POSTCODE : [REDACTED]
TELEPHONE : [REDACTED]

Status : [REDACTED]

POST OFFICE CODE NUMBER : [REDACTED]

START : 31/12/14

END : N/A

LIVE