

Completing this form

Please read the CA72A Notes that came with this application form before you fill it in. This application form applies to the 2009-10 tax year only. Deferment of payment of Class 1 NICs **must** be applied for each tax year using a new application form. Please use capital letters and write clearly in black ink. Then sign and date the declaration and send the completed form to:

HM Revenue & Customs
National Insurance Contributions Office
Deferment Services
Benton Park View
Newcastle upon Tyne
NE98 1ZZ

How we use your information

HM Revenue & Customs is a Data Controller under the Data Protection Act 1998. We hold information for the purposes specified in our notification to the Information Commissioner, including the assessment and collection of tax and duties, the payment of benefits and the prevention and detection of crime, and may use this information for any of them.

We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits to:

- check the accuracy of information
- prevent or detect crime
- protect public funds.

We may check information we receive about you with what is already in our records. This can include information provided by you, as well as by others, such as other government departments or agencies and overseas tax and customs authorities. We will not give information to anyone outside HM Revenue & Customs unless the law permits us to do so. For more information go to www.hmrc.gov.uk and look for *Data Protection Act* within the *Search* facility.

Personal details

National Insurance number

Title - enter Mr, Mrs, Miss, Ms or other title

Surname

First name(s)

Date of birth DD MM YYYY

Address

Postcode

Phone numbers *including dialling code*

Home

Office

Mobile

Additional employment(s)

Please give below, details of the **additional jobs or offices** for which you need a Deferment Certificate.

Deferred employer 1

Full name

Full address of Payroll Section for the employer. Please supply the PAYE reference number for the employer *if known*

Postcode

PAYE reference number *if known*

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Type of contribution payable, that is 'Not contracted-out' (Category A) or 'Contracted-out' (Category D or F). For Category D or F employment(s) please state which ones attract deductions under COMP or COMPSHP scheme(s)

Estimated annual earnings from 6 April 2009 to 5 April 2010

 £

Other information which will help your employer trace your records, for example Staff or Payroll number or 'Director'.

Deferred employer 2

Full name

Full address of Payroll Section for the employer. Please supply the PAYE reference number for the employer *if known*

Postcode

PAYE reference number *if known*

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Type of contribution payable, that is 'Not contracted-out' (Category A) or 'Contracted-out' (Category D or F). For Category D or F employment(s) please state which ones attract deductions under COMP or COMPSHP scheme(s)

Estimated annual earnings from 6 April 2009 to 5 April 2010

 £

Other information which will help your employer trace your records, for example Staff or Payroll number or 'Director'.

If you have more than 2 main employments and/or two additional jobs or offices, please write the details on a separate piece of paper and attach it to this form.

Declaration

- I apply for deferment of payment of Class 1 NICs in the appropriate jobs or offices, as determined by HM Revenue & Customs, National Insurance Contributions Office.
- I understand that in those employments where deferment has been granted, I will pay Class 1 NICs at a rate of 1% on all earnings that exceed the Earnings Threshold.
- I will notify you if any of the jobs or offices in which I pay Class 1 NICs should end.
- I will tell you if I decide to take out an Appropriate Personal Pension or Appropriate Personal Pension Stakeholder Pension.
- I will provide the information which may be needed to calculate the amount of any outstanding NICs.
- I undertake to pay arrears within 28 days of demand. I accept that consideration will not be given to further deferment applications if a liability remains unpaid.

Signature

Date DD MM YYYY

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