

EQUINITI

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MR I MCINNES
NINOS HEROES 660
COL EL DUERO EN ZAMORA
MICHOACAN 59690
MEXICO
MEXICO



Our Reference: 7190293

30th November 2018

Dear IAN CLIVE MCINNES

Important - Please do not ignore this letter

Armed Forces Pension and Compensation Scheme Declaration

We need to make sure that our records are up to date and check whether there have been any changes in your circumstances which may affect your entitlement to an Armed Forces Pension and/or an Armed Forces Compensation Scheme Guaranteed Income Payment (GIP).

What you need to do now

Please complete the attached declaration. You must sign and date the declaration and get someone to witness your signature. A list of suitable witnesses is shown on the attached notes page. Please note that a family member cannot sign as a witness.

Important information

We want to ensure that the right payments are made to the right people. It is therefore important that we hear from you. If we don't receive a completed declaration, we will have to consider stopping your payments.

Your money will be held in trust until such time that we can confirm your on-going entitlement.

We are keen to avoid this, therefore please return the declaration to us immediately.

Once you have filled in this form, please send it back to us at the address below. We must receive your completed form within 12 weeks of the date of the letter. Please make sure you allow adequate postal time for us to receive it. We advise using Airmail so that we get the form back in time.

Equiniti Paymaster
PO Box 1246
Sutherland House
Russell Way
Crawley
RH10 0HZ

If you need any further information or advice please let us know. Our contact details are at the top of this letter.

Yours sincerely

T. J. Gentle

Toni Gentle, Pensions Team Leader – Veterans UK



Equiniti Paymaster is the trading name of Paymaster (1836) Limited
Registered Office: Sutherland House, Russell Way, Crawley, West Sussex RH10 1UH
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recorded for quality and training purposes

Armed Forces Pension & Compensation Declaration

Part 1 - About you Please tell us your

Reference 7190293



Full name

IAN CLIVE MYNNEF

Address you are living at now
(if different from covering letter)

[Redacted address box]

Date of birth

13 / 09 / 55

Are you happy for us to contact you by
phone. We will only contact you to talk about
this declaration

☐

Yes

☒

No

Please we
email

Telephone Number
Including your national and local code

None

Mobile number

+52 351 548 7862

How the MOD collects and uses personal information

The Ministry of Defence (MOD) is committed to protecting the privacy and security of your personal information and ensuring that all your personal data is processed in accordance with UK data protection legislation. The MOD Personal Information Charter contains the standards you can expect when we ask for, hold or share your personal information and your rights under the UK data protection legislation. You can view the Personal Information Charter on the internet.

<https://www.gov.uk/government/organisations/ministry-of-defence/about/personal-information-charter>

Further information can be found on the internet

<https://www.gov.uk/government/publications/defence-business-services-privacy-notice> on the way the Veterans UK processes your data in line with the charter.

Part 2 - Change of circumstances

You must report immediately if your circumstances change. This may affect the level of Pension or Guaranteed Income Payment you are entitled to.

Change of circumstances	Contact
Change of Name, Address, Marital Status (including co-habitation) or Bank Account details.	<p>Equiniti Paymaster PO Box 1246 Sutherland House Russell Way Crawley RH10 0HZ</p> <p>Telephone number: 0345 121 2514 (UK only) +44 1903 768625 (overseas)</p> <p>Email: veteransukpensions@equiniti.com</p> <p>Important: Please do not use email to tell us about changes in personal details.</p>
Any other compensation received, for the same injury or death, for which the Pension is paid for.	<p>DBS Veterans UK MP 610 Kentigern House 65 Brown Street Glasgow G2 8EX</p>
Any other compensation received, for the same injury or death, for which Guaranteed Income Payment is paid for.	<p>Veterans UK Tomlinson House Norcross Thornton Cleveleys FY5 3WP</p> <p>Telephone number 0808 1914 2 18 (UK only) +44 1253 866 043 (overseas)</p> <p>Email veterans-uk@mod.uk</p>

If we discover that we do not hold up to date details, including address, we will stop your payments. Your money will be held in trust until such time that we can confirm your on-going entitlement.



Part 3 – People who qualify to witness this declaration

IMPORTANT – the witness must NOT be married or related to the person who receives the pension and must have known the person for at least 12 months.



- A notary public or other person competent by the laws of the territory where the declaration is made to administer oaths.
- A magistrate.
- A master of a merchant ship who is a British national.
- A barrister, solicitor or advocate authorised to practise in the territory where the declaration is made.
- A graduate of a university within the British Commonwealth or Republic of Ireland.
- A minister of religion.
- A physician or surgeon registered as such under the laws of the territory where the declaration is made.
- An officer of a bank authorised to sign documents on its behalf.
- A member of Her Majesty's Diplomatic Service.
- A person who is on the active or pension list of the permanent civil service of any territory within the British Commonwealth or Republic of Ireland.
- An officer on active or half-pay or pension list of any of Her Majesty's armed forces.
- A person registered in the UK as a Parliamentary elector.

Part 4 – Member unable to sign the declaration due to incapacity

- a) If you hold Power of Attorney or a Court of Protection order for the member AND this letter is addressed to you.

You must:

- Sign the form in the presence of a witness and return to Equiniti.
- Tell Equiniti about any changes which affect the member.
- Tell Equiniti if you stop being the appointee e.g. the member can now manage their own affairs.

- b) If you hold Power of Attorney or a Court of Protection order for the member AND this letter is NOT addressed to you.

you must:

- Sign the form in the presence of a witness, and
- send the signed form and the Power of Attorney or Court of Protection order to Equiniti for registration.

- c) If you have nominated a person/someone to act on your behalf and they don't hold a Power of Attorney then you will need to sign the declaration and have it witnessed.

Part 5 –Declaration

Reference 7190293

This declaration must be signed in the presence of a witness.

I am the person named on the letter

☒

Yes

☐

No

I hold Power of Attorney/Court of Protection order

☐

Yes

☒

No

I am not the person named on the letter and have enclosed Power of Attorney/Court of Protection order documents for registration

☐

Yes

☒

No

I understand

that if I give false information that is incorrect or incomplete, criminal proceedings may be taken.

I declare that

- the information I have given in this form is correct and I will let you know of any relevant change of circumstances.
- I am not aware of any circumstances which might affect my current entitlement to my Pension or Guaranteed Income Payment.
- to the best of my knowledge and belief I am still entitled to my Armed Forces Pension which is paid by Equiniti Paymaster.
- if I give false information that is incorrect or incomplete, criminal proceedings may be taken.

Signature



Date

24/01/2019

Name (in capitals)

IAN CLIVE MCINNES



Part 6 – Witness declaration

Reference 7190293

I understand that if I give false information that is incorrect or incomplete, criminal proceedings may be taken.

I certify that

- this declaration was signed in front of me by the person who I believe to be the person named on this form, ~~whom I have known for at least 12 months.~~*
- I am not related to the person named on this form.



Name of witness (in capital letters)

IGNACIO BARRERA PAZ

Qualification/Official title

NOTARIO PUBLICO 67 JACONA, MIC.,
MEXICO

Address

AMADO NERVO OTE 79

CENTRO, JACONA, MICHOACAN

MEXICO

Are you happy for us to contact you by phone.
We will only contact you to talk about this
declaration

☒ X

Yes

☐ No

Telephone Number
Including your national and local code

+52 (351) 516 45 00

Mobile number

Signature of witness

Date

24/01/19

Official stamp of witness (if applicable)



* There does not exist anyone fulfilling your criteria, and whom I have also known for 12 months. The witness is an experienced government-appointed lawyer.

AFPS LCE o/s

Part 7 - What to do now

Once you have filled in this form and had it witnessed by a suitable person, please send it back to us. We must receive your completed form within 12 weeks of the date of the letter. Please make sure you allow adequate postal time for us to receive it. We advise using Airmail so that we get the form back in time.

Please send your completed form to:

Equiniti Paymaster
PO Box 1246
Sutherland House
Russell Way
Crawley
RH10 0HZ





TESTIFICACION NOTARIAL NUMERO DOSCIENTOS SEIS.- En la Ciudad de Jacona de Plancarte Michoacán siendo las diecisiete horas con treinta minutos del día veintidós de Diciembre del año dos mil dieciocho; ANTE MI, Licenciado **IGNACIO BARRERA PAZ**, Notario Público número Sesenta y Siete en el Estado con ejercicio en esta ciudad, comparece el señor **IAN CLIVE MCINNES**, de sesenta y tres años de edad, soltero, jubilado, originario de Reading, Inglaterra donde nació el día trece de Febrero de mil novecientos sesenta y cinco y vecino de la ciudad de Zamora, Michoacán con domicilio en calle Niños Héroes número seiscientos sesenta, código postal 59690; persona que se identifica con credencial de residente temporal número 0000000253966 expedida en su favor por la Secretaria de Gobierno del Estado de Michoacán; de nacionalidad Británica, capaz para contratar y obligarse, persona que es de mi conocimiento desde hace cuatro años por haber realizado tramites en esta notaria a mi cargo, quien **DIJO: - - - - -**
---- Que ratifica en todas y cada una de sus partes el contenido del escrito que antecede por conocer el idioma ingles y que reconoce por suya las firmas que lo calzan.- - - - -
---- Leí esta diligencia al compareciente, les advertí su valor y efectos, el derecho que tienen de leerla personalmente, lo que hizo y enterado se manifestó conforme con su contenido y para constancia firman ante mí, en mi despacho notarial siendo las dieciocho horas del día de su fecha.- **DOY FE.-**

Il. < Alon



NOTARIO PUBLICO No. 67

LIC. IGNACIO BARRERA PAZ
BAPI-721212-CH3

