

# Registration of voluntary agreement for child support



Use this form to register or make changes to a voluntary agreement.  
Both parties to the agreement must sign this form.



Agreed payments will be collected from the liable parent and passed on to the receiving carer monthly.



If the receiving carer is on a sole parent benefit, you can only register a voluntary agreement if the amount is equal to, or more than, the amount payable under a formula assessment.

## Parties to the agreement

- The parties are a receiving carer and a liable parent.
- By registering the agreement you are cancelling any formula assessment from the date we accept the form.
- If another person is a recognised carer of the child or children in a formula assessment, they must agree to cancel the formula. This can be done by all carers of the child completing a *Cancellation of child support (IR107)* form.

## Receiving carer's details

<b>1</b>	IRD number	(8 digit numbers start in the second box. 1 2 3 4 5 6 7 8 )	<input type="text"/>
<b>2</b>	Name	(Tick one) <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms	<input type="text"/> First name(s) <input type="text"/> Surname
<b>3</b>	Home address	<input type="text"/> Street address <input type="text"/>	
<b>4</b>	Postal address (if different from above)	<input type="text"/>	
<b>5</b>	Contact details	<input type="text"/> <input type="text"/> <input type="text"/> Day Evening Mobile <input type="text"/>	
<b>6</b>	Is the receiving carer on a New Zealand benefit?	<input type="radio"/> No <input type="radio"/> Yes <input type="text"/> Work and Income customer number	
<b>7</b>	Bank account to pay child support into	<input type="text"/> <input type="text"/> Bank name Branch <input type="text"/> Account name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank Branch Account number Suffix	

## Liable parent's details

- 8 IRD number
- 9 Name (Tick one) ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

First name(s)

Surname

- 10 Home address

Street address

Town or city

Postcode

- 11 Postal address (if different from above)

Street address or PO Box

Town or city

Postcode

- 12 Contact details

Day

Evening

Mobile

Email

If a child doesn't have an IRD number, you'll need to apply for one. You can do this by completing an *IRD number application - resident individual (IR595)* form. However, if your child wasn't born in New Zealand, doesn't have an IRD number and isn't a resident of New Zealand, you don't need to apply for or provide an IRD number.

The agreement start date needs to be a date in the future. If you don't specify a future date we'll use the date we receive this form.

Your agreement must be:

- for a "qualifying child". This is a child who is under 18 years of age or 18 years of age and enrolled at and attending a registered school in New Zealand or an overseas school, a New Zealand citizen or ordinarily resident in New Zealand, is not financially independent and not living with another person in a marriage, civil union or de facto relationship
- for regular payments, and for at least \$10 per week (\$520 per year)
- signed by both the liable parent and receiving carer.

**If you have a separate written agreement please attach a copy to this form.**

## Voluntary agreement details

If there are more than three children, please write their details on a separate piece of paper and write your name and IRD number at the top and attach it to this form.

- 14 First child

First name(s)

Surname

Date of birth

Day		Month		Year					

IRD number

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Amount payable

\$ 

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☐ Each week ☐ month ☐ year (Tick one)

Agreement start date

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**15 Second child**

First name(s)

Surname

Date of birth

Day	Month	Year			

IRD number

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Amount payable

\$ 

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☐ Each week ☐ month ☐ year (Tick one)

Agreement start date

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**16 Third child**

First name(s)

Surname

Date of birth

Day	Month	Year			

IRD number

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Amount payable

\$ 

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☐ Each week ☐ month ☐ year (Tick one)

Agreement start date

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**Declaration**

Both parties to the agreement must sign this form.

*To the best of my knowledge the information given is true and correct.***Receiving carer**

Signature

		/	/
		Date	

*To the best of my knowledge the information given is true and correct.***Liable parent**

Signature

		/	/
		Date	

**Please send this completed form to: Child Support, PO Box 39010, Wellington Mail Centre, Lower Hutt 5045****Privacy**

Meeting your child support obligations means giving us accurate information so we can assess your liabilities and entitlements under the Child Support Act 1991.

We may also exchange information about you with:

- some government agencies
- another country, if we have an information supply agreement with them
- Statistics New Zealand (for statistical purposes only).

If you ask for the personal information we hold about you, we'll give it to you and correct any errors, unless we have a lawful reason not to. Call us on 0800 221 221 for more information. For full details of our privacy policy go to [www.ird.govt.nz](http://www.ird.govt.nz) (search keyword: privacy).

