IN POSSESSION OF A NATURAL PERSON

Freeing Humankind | Status Project

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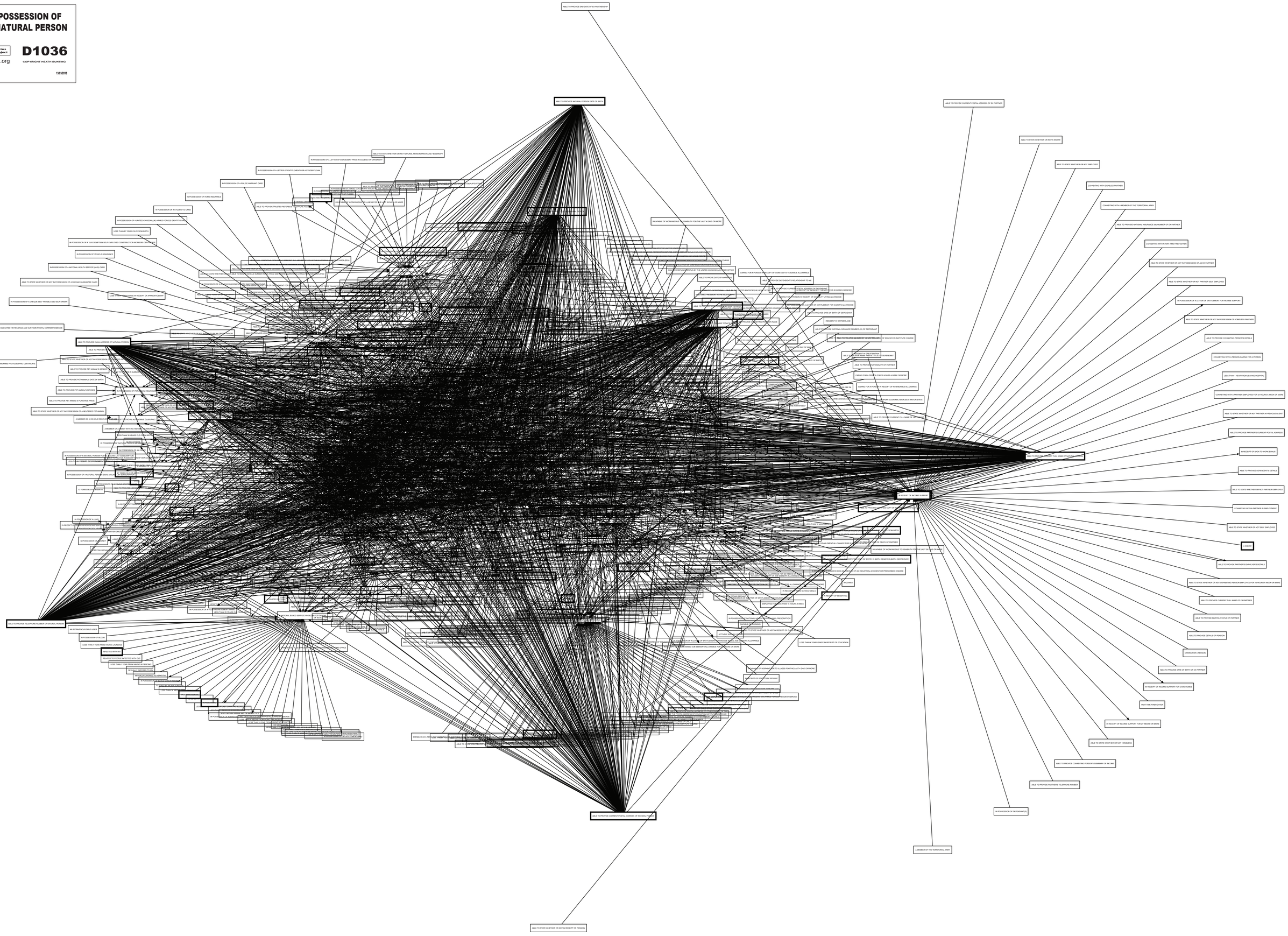
ABLE TO PROVIDE END DATE OF EX PARTNERSHIP
ABLE TO PROVIDE NATURAL PERSON DATE OF BIRTH
ABLE TO PROVIDE CURRENT POSTAL ADDRESS OF EX PARTNER
ABLE TO STATE WHETHER OR NOT A WIDOW
ABLE TO STATE WHETHER OR NOT EMPLOYED
COHABITING WITH DISABLED PARTNER
COHABITING WITH A MEMBER OF THE TERRITORIAL ARMY
ABLE TO PROVIDE NATIONAL INSURANCE (NI) NUMBER OF EX PARTNER
COHABITING WITH A PART-TIME FIREFIGHTER
ABLE TO STATE WHETHER OR NOT IN POSSESSION OF AN EX PARTNER
ABLE TO STATE WHETHER OR NOT PARTNER (SELF EMPLOYED)
IN POSSESSION OF A LETTER OF ENTITLEMENT FOR INCOME SUPPORT
ABLE TO STATE WHETHER OR NOT IN POSSESSION OF HOMELESS PARTNER
ABLE TO PROVIDE COHABITING PERSON'S DETAILS
COHABITING WITH A PERSON CARING FOR A PERSON
LESS THAN 1 YEAR FROM LEAVING HOSPITAL
COHABITING WITH A PARTNER EMPLOYED FOR 24 HOURS A WEEK OR MORE
ABLE TO STATE WHETHER OR NOT PARTNER A PREVIOUS CLIENT
ABLE TO PROVIDE PARTNER'S CURRENT POSTAL ADDRESS
IN RECEIPT OF BACK TO WORK BONUS
ABLE TO PROVIDE DEPENDENTS DETAILS
ABLE TO STATE WHETHER OR NOT PARTNER EMPLOYED
COHABITING WITH A PARTNER IN EMPLOYMENT
ABLE TO STATE WHETHER OR NOT SELF EMPLOYED
A WIDOW
ABLE TO PROVIDE PARTNER'S EMPLOYER'S DETAILS
ABLE TO STATE WHETHER OR NOT COHABITING PERSON EMPLOYED FOR 16 HOURS A WEEK OR MORE
ABLE TO PROVIDE CURRENT FULL NAME OF EX PARTNER
ABLE TO PROVIDE MARITAL STATUS OF PARTNER
ABLE TO PROVIDE DETAILS OF PERSON
CARING FOR A PERSON
ABLE TO PROVIDE DATE OF BIRTH OF EX PARTNER
IN RECEIPT OF INCOME SUPPORT FOR CARE HOMES
PART-TIME FIREFIGHTER
IN RECEIPT OF INCOME SUPPORT FOR 27 WEEKS OR MORE
ABLE TO STATE WHETHER OR NOT HOMELESS
ABLE TO PROVIDE COHABITING PERSON'S SUMMARY OF INCOME
ABLE TO PROVIDE PARTNER'S TELEPHONE NUMBER
IN POSSESSION OF DEPENDANT(S)
A MEMBER OF THE TERRITORIAL ARMY
IN RECEIPT OF INCOME SUPPORT
ABLE TO PROVIDE CURRENT FULL NAME OF NATURAL PERSON
CAPABLE OF WORKING DUE TO DISABILITY FOR THE LAST 4 DAYS OR MORE
CARING FOR A PERSON IN RECEIPT OF CONSTANT ATTENDANCE ALLOWANCE
ABLE TO PROVIDE DATE OF MARRIAGE
ABLE TO PROVIDE DEPENDENT'S RELATIONSHIP TO ME
CARING FOR A PERSON IN RECEIPT OF DISABILITY LIVING ALLOWANCE
IN RECEIPT OF ENTITLEMENT FOR CARERS ALLOWANCE
ABLE TO PROVIDE DATE OF BIRTH OF DEPENDANT
RESIDENT IN SWITZERLAND
ABLE TO PROVIDE NATIONAL INSURANCE NUMBER (NI) OF DEPENDANT
ABLE TO PROVIDE FREQUENCY INFORMATION OF EDUCATION INSTITUTE COURSE
ABLE TO PROVIDE NATIONAL INSURANCE NUMBER (NI) OF DEPENDANT
ABLE TO PROVIDE PERSONALITY OF PARTNER
CARING FOR A PERSON FOR 20 HOURS A WEEK OR MORE
CARING FOR A PERSON IN RECEIPT OF ATTENDANCE ALLOWANCE
ABLE TO PROVIDE CURRENT FULL NAME OF EX PARTNER
IN POSSESSION OF A NATURAL PERSON PASSPORT
IN POSSESSION OF A NATURAL PERSON PASSPORT
IN POSSESSION OF A NATURAL PERSON PASSPORT