

# Financial Assessment Form



East Dunbartonshire Health and Social Care Partnership

Private and Confidential

# Explanatory note

Please complete this form to get help with the cost of residential and nursing care. Completion of this form will enable the Council to calculate how much you can afford to pay in the form of a client contribution. Please note, that client contributions are re-assessed every financial year in line with benefit and pension uplifts. If the value of your capital and / or property is assessed at more than £35,000, you will be expected to pay the full cost of your care. However, you will be eligible to apply for a payment towards your personal and nursing care.

This form may be completed by the applicant independently but more usually by the health & social care professional and the applicant. Staff will be happy to explain or assist in the completion of any section. Where appropriate, the applicant may wish to have assistance from a relative, solicitor or other agent.

## 1 Applicant's details

<b>Title</b>	Enter title as appropriate.
<b>Surname</b>	Enter surname of applicant.
<b>Forename(s)</b>	Enter forename and any other names of applicant.
<b>Date of birth</b>	Enter date of birth.
<b>National Insurance Number</b>	Enter national insurance number of applicant.
<b>Home address</b>	Enter address of applicant's permanent residence.
<b>Postcode</b>	Enter postcode of applicant's permanent residence.
<b>Phone number</b>	Enter applicant's phone number. If no phone number, write 'none'.
<b>Contact via Email</b>	Our preferred method of contact is via email, please include all email addresses, where possible.
<b>Date you moved into this address</b>	Enter date when applicant moved into this residence. If unknown, write approximate year of move into residence.
<b>Hospital / Residential Care / Nursing Home</b>	Enter details if you are currently residing in any of these establishments.

# 1 Applicant's details

**Title (Mr / Mrs / Miss / Ms / etc)**

**Surname**

**Forename(s)**

**Date of birth**

**National Insurance number**

**Home address**

**Postcode**

**Phone number**

**email**

**Date you moved into this address**

**Name of Establishment**

**Date of Admission**

**If you are currently residing in  
Hospital / Residential Care / Nursing  
Home please give us details**

## 2 Contacts

<b>Next of Kin / POA</b>	Enter name, address and phone number of person identified as next of kin. Enter relationship to applicant.
<b>Person helping with affairs</b>	Where applicant has a legal representative or wishes to have a relative, carer or other agent assist with his / her financial affairs, please complete remainder of section. Enter name, address and phone number as appropriate.
<b>Relationship to applicant</b>	Enter relationship to applicant, if applicable.
<b>Status</b>	Indicate if curator bonis, power of attorney or appointeeship granted / approved and provide relevant documentation (ie BF56 form for DWP appointee / POA certificate).
<b>Solicitor's details</b>	Enter name, address and phone number of solicitor.
<b>Person to whom accounts should be sent</b>	Enter name, address and phone number of person to whom accounts should be sent.
<b>Relationship to applicant</b>	Enter relationship to applicant, if applicable.
<b>Status</b>	Indicate if curator bonis, power of attorney or appointeeship granted / approved.
<b>Contact via Email</b>	Our preferred method of contact is via email, please include all email addresses, where possible.

## 2 Contacts

### Next of Kin / POA *(please identify which)*

Name

Address

Postcode

Phone number

email

Relationship to applicant

### Person helping with affairs

Name

Address

Postcode

Phone number

email

Relationship to applicant

Status (eg Power of Attorney,  
DWP Appointee etc)

### Solicitor's details

Name

Address

Postcode

Phone number

email

### Person to whom accounts should be sent

Name

Address

Postcode

Phone number

email

Relationship to applicant

Status (eg Power of Attorney,  
DWP Appointee etc)

## 3 Income

When completing Section 3 of the Financial Assessment Form, all income, including occupational pensions, annuity income, earnings etc should be listed against the appropriate heading. If there is no specific heading noted, then income should be recorded under the 'other' category with the amount, source and type of income clearly identified.

When the applicant is unable to meet the cost of residential / nursing care, the local authority has a responsibility to assist with certain costs. It is, therefore, important for the local authority that the applicant's income is fully maximised by ensuring that the applicant receives all benefits they may be entitled to.

### Pension credit

Applicants who are placed in care home accommodation, and who are not currently in receipt of pension credit and who satisfy the qualifying conditions for this benefit, can have their income raised to assist with the cost of such accommodation.

Applicants who have an income which is less than the total guarantee credit must claim their full entitlement from the Department for Work and Pensions, to enable the local authority to undertake an assessment of the applicants ability to pay for the cost of their accommodation.

### Occupational pensions

Refer to the National Assistance (Assessment of Resources) Amendment Regulations (Section 8) for details on option to disregard 50% of the occupational pension. The health & social care professional will be happy to advise.

**It is important to note that the Local Authority does not necessarily pay the full amount of their publicised rate, instead they pay up to a maximum of this rate minus the assessable income of the individual.**

**If you receive financial help from East Dunbartonshire Council with your accommodation costs in care, payment of Attendance Allowance will stop after 28 days. You may lose it sooner if you were in hospital or respite, before moving to a care home. You should notify the Department for Works and Pensions office that you no longer reside in your own home.**

# 3 Income

## State benefits

If you do not wish to disclose any income or capital details but wish to apply for a payment towards your personal and/or nursing care until your capital falls to the upper threshold move to section 10.

The health & social care professional are required to verify all information entered and, therefore, proof of income must be provided ie copy of bank statements, remittance advice, confirmation of occupational pension required.

DWP benefits	Amount (£)	How often received
Retirement pension	<input type="text"/>	<input type="text"/>
Pension credit – Guarantee credit	<input type="text"/>	<input type="text"/>
Pension credit – Savings credit	<input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="text"/>	<input type="text"/>
DLA / PIP / ADP – Care Component	<input type="text"/>	<input type="text"/>
DLA / PIP / ADP – Mobility Component	<input type="text"/>	<input type="text"/>
War widow's pension	<input type="text"/>	<input type="text"/>
War pension	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>

If in receipt of attendance allowance or disability living allowance care component please notify the Department of Work and Pensions immediately as these benefits are no longer payable on admission to a care home. Any over payments will be reclaimed.

## Occupational / work pensions

Name and address of employer / source	Amount (£)	How often received	Total per week (£)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will 50% of the above be passed to the spouse?

Yes

No

## Any other income

Name and address of employer / source	Type of income	Amount (£)	How often received	Total per week (£)
<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"/>
Total income received per week (£)		<input type="text"/>		

## 4 Capital

Applicants with capital or savings over £35,000 will require to pay the full cost of their care as the local authority is restricted by legislation from contributing towards such costs. They may, however, be entitled to a payment towards personal and nursing care. When capital / savings fall to £35,000 applicants may be eligible for further financial support from the local authority.

Please note that East Dunbartonshire Council will only consider additional financial support from the date it is applied for ie it will not be back dated. You should apply several months before you estimate that your capital / savings will fall to £35,000.

If the applicant has gifted or donated significant amounts of capital / savings, full details must be given.

### **Cash savings**

Enter details of monies not held in an account ie money held by applicant at home or by a relative or carer on behalf of applicant.

### **Bank Accounts**

For all bank accounts enter details of name of bank, full address, sort code and account number. The applicant's assets in all accounts should be detailed separately in the columns headed "Amount £".

### **Building Society accounts**

As above.

### **Post Office accounts**

As above.



# 4 Capital

**All boxes must be completed** – if answered yes then proof must be provided. Please indicate in the owner of asset' column if the asset is owned by the applicant, partner or is jointly owned. Please denote by A for Applicant, P for Partner or J for Joint ownership.

	Yes	No	Name of bank and address	Sort code	Account number	Owner of asset	Amount (£)
<b>Cash savings*</b>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Bank accounts</b>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Building society accounts</b>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Post office accounts</b>	<input type="checkbox"/>	<input type="checkbox"/>					

Please confirm the details given in parts 3 - Income and 4- Capital have been inspected and verified by the health and social care professional. The Finance Section require bank statements for the six months prior to admission for **all** bank accounts and must clearly show the account holder's name. These should be included when this form is submitted

Signed

Designation

Date

## 4 Capital (continued)

<b>National Savings Certificates</b>	Enter total value of certificates.
<b>ISA</b>	Enter details as for bank accounts and indicate current value(s).
<b>Premium Bonds</b>	Enter total value of bonds.
<b>Stocks and Shares</b>	Enter company and number of shares, obtain unit share value from the national press calculate total value of shares and enter in the column headed "Amount £".
<b>Unit Trusts</b>	Enter as for stocks and shares.
<b>Income Bonds</b>	Enter as for stocks and shares.
<b>PEP</b>	Enter as for stocks and shares.
<b>Other investments</b>	Enter details as appropriate. If endowment assurance / insurance policy is still being paid, give details but do not complete "Amount £" columns as capital cannot be released until the date of agreement.
<b>Any other capital</b>	Excluding property – enter details as appropriate.
<b>Disposal of capital</b>	Enter details of any capital disposed of previously.

## 4 Capital (continued)

\*Use section 6 if you need additional space

	Yes	No	Details	Owner of asset	Amount (£)
National Savings Certificates	<input type="checkbox"/>	<input type="checkbox"/>			
ISA	<input type="checkbox"/>	<input type="checkbox"/>			
Premium bonds	<input type="checkbox"/>	<input type="checkbox"/>			
Funeral bonds	<input type="checkbox"/>	<input type="checkbox"/>			

	Yes	No	Details of source (Name of co, trust, etc)	Number held	Value/ current price (£)	Owner of asset	Amount (£)
Stocks and shares	<input type="checkbox"/>	<input type="checkbox"/>					
Unit trusts	<input type="checkbox"/>	<input type="checkbox"/>					
Income bonds	<input type="checkbox"/>	<input type="checkbox"/>					
PEP	<input type="checkbox"/>	<input type="checkbox"/>					

	Yes	No	Details	Owner of asset	Amount (£)
Any other investments	<input type="checkbox"/>	<input type="checkbox"/>			
Any other capital disposed of / gifted	<input type="checkbox"/>	<input type="checkbox"/>			

## 5 Property

### A All other people living with you

Enter details of all persons normally resident in the household detailing name, date of birth and relationship to applicant.

<b>Incapacitated</b>	Delete as appropriate. (see note below for definition)
<b>Bank Accounts</b>	Enter length of time resident in household.

Definition of 'incapacitated' – person is in receipt of one or more of the following state benefits: incapacity benefit, severe disablement allowance, disability living allowance, attendance allowance, constant attendance allowance or similar benefit.

**or**

Person is not in receipt of any of the benefits listed but the degree of incapacity is equivalent to that required to qualify for any one of these benefits. Medical or other relevant evidence may be needed before a decision is reached.

### B Details of property – ownership of accommodation

Tick as appropriate and enter date effective from.

### C Tenant / lodger / other

Enter name, address and phone number of landlord.

<b>Relationship to landlord</b>	Delete as appropriate, enter relationship if appropriate.
<b>Previous ownership</b>	Delete as appropriate, enter details of previous properties owned ie address of property, date of disposal, value.

## 5 Property All boxes must be completed

### A All other people living with you

Please enter all other people who normally live with you

Full name	Date of birth	Relationship to you	Incapacitated	Length of time resident
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

### B Details of property ownership of accommodation

Are you	Please tick	Date from:	
Owner	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	If yes, continue to 5D
Tenant	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	If yes, continue to 5C
Lodger	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	If yes, continue to 5C
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	If yes, continue to 5C

### C Tenant / lodger / other

If you are not an owner, please state name and address of landlord

Postcode

Phone number

Are you (or your partner) related to your landlord?

Yes  No

If yes, please state relationship

Have you ever owned the property you are now resident in or any other properties?

Yes  No

If yes, please give details  
(address of all properties, value, date disposed of)\*

## 5 Property

### D Owner

Tick as appropriate and enter date effective from. Enter address and telephone number of property. Enter date property purchased.

<b>Joint owner</b>	Enter names and addresses of other owners. Enter date joint ownership commenced.
<b>Value of property</b>	Enter value of property. If unknown, enter value of council tax banking or enter approximate market value.
<b>Total of outstanding mortgages</b>	Enter total amount of outstanding mortgages and securities etc, give details.
<b>Net property value</b>	Calculate net property value.
<b>Type of mortgage</b>	Specify whether mortgage is capital / interest / endowment etc.
<b>Term of mortgage</b>	Enter term of mortgage ie number of years.
<b>Date of maturity</b>	If mortgage is endowment related, enter date of maturity of policy.
<b>Council Tax banding</b>	Enter council tax banding.

The health & social care professional staff are required to verify information entered and, therefore, proof of ownership / tenancy will be required.

## 5 Property (continued)

### D Owner

If you are an owner, are you	Please tick		Date from:
Sole owner	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
Joint owner	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>

Please state address of property

Postcode

Phone number

Date property purchased

If joint owner, please state names and addresses of other owners

Date joint ownership commenced

### Value of property

Value of property (£)

Total of outstanding mortgages and securities (£)

Give details

Net property value (£)

Type of mortgage

Term of mortgage

Date of maturity of endowment policy

Council tax banding

## 5 Property

This section should only be used if there are continued weekly outgoings after admission to care.

This should **only** be completed in respect of temporary placements.

If you are requesting an additional disregard in order to continue to meet these payments for the period of your care placement, please provide evidence of the exact weekly / monthly figures.

Where a spouse usually assists with making these payments we will ask for a note of their weekly income / outgoings.



## 5 Property (continued)

Rent (amount after housing benefit) (£)

Mortgage (£)

Council Tax (£)

Heating / Lighting Costs (£)

Other household expenditure (£)

Other regular weekly outgoings (£)

Is there a spouse who usually assists with making these payments? Yes  No

## 6 Additional information

Please use this space to provide any additional relevant information in support of your answers in previous sections.



## 7 12 Week Property Disregard

If you own property, which you use as your main residence or have savings of less than £35,000, you can apply to the Council to have the value of your property disregarded for a period of up to 12 weeks following permanent admission to Nursing or Residential care.

Customers should be aware that they are not obliged to claim the disregard but it may be in their interest to do so.

Customers should also note that, where the Council contributes towards the funding of a customer's residential care costs, payment of the attendance allowance will be withdrawn after 28 days by the Department of Works and Pensions.

**Please tick the appropriate box:-**

**Yes, I wish to apply**

**No, I do not wish to apply**

I understand that, should my property be sold before the end of the 12 week period of disregard, I will notify the Council of the change in my financial circumstances.

## 8 Deferred Payment Arrangements

If you own your own property, have savings of less than £21,500 and do not wish to sell your home then you could ask the Council to consider a Deferred Payment Arrangement.

If you currently have an outstanding mortgage a deferred payment may be agreed if you can continue to make mortgage payments while at the same time make the assessed contribution towards your accommodation costs.

Customers are advised that it may be in their interest to apply for deferred payment arrangement but a legal agreement will require to be completed with a standard security being placed over the property in order to secure the Council's funds. Certain conditions must also be met and the Council will, therefore, require separate documentation in order that consideration may be given to your application.

**Please tick the appropriate box:-**

**Yes, I wish to be considered for Deferred Payment Arrangement**

**No, I do not wish to be considered**

Should you wish the Council to consider you for a deferred payment arrangement the following information / documentation will be requested:-

- A current valuation of the property (this can be obtained from a local estate agent)
- Details of any outstanding securities against the property including the expiry date of the securities
- Provide an up to date redemption statement and confirmation of who pays the mortgage payment
- A copy of the current building and contents insurance held for the property
- If it is your intention to let out the property then we also require copies of the lease agreement

Please note that any rental income will be treated as your income when assessing your weekly contribution to care

- Provide a note of the name and address of the person who will be responsible for looking after and maintaining the property
- Confirm whether anyone acting for you has Power of Attorney which provides them with the powers to grant a standard security on the property. It would be helpful to see a copy of said document, if applicable
- Confirm the name and address of the solicitor dealing with your affairs as we will require to contact them regarding the title deeds should a Deferred Payment be agreed

Please note a fee of £250 plus outlays of £80 for the Creation of the Deferred Payment along with £250 for the discharge of the Deferred Payment will be applied at the end of agreement.

**Please note that you cannot have a 12 week disregard with a deferred payment**

## 9 Provision of payments towards personal care and nursing care

### Eligibility

Provision of payments towards personal care will be made of £248.70 per week.  
Provision of payment towards nursing care will be made of £111.90 per week

For example:

A person, assessed as requiring residential care, will receive a payment of £248.70 per week.  
A person, assessed as requiring nursing care, will receive a payment of £111.90 per week.

Self-funders will continue to pay the remainder of their own costs, often described as living or accommodation costs.

### Payment mechanisms

The payments for personal and/or nursing care will be made directly to the care home. It is the responsibility of the care home to then make the necessary adjustments to the existing payments.

### Contracts

The payment of free personal and nursing care requires local authorities to put in place contractual arrangements for those people who, under current financial assessment arrangements, would not qualify for public sector support towards their care costs.

# 9 Application for Personal Care Funding

Please complete Part 1 or Part 2

## Part 1

I wish to apply for Free Personal Care and / or Nursing Care Funding from East Dunbartonshire Council when resources have been identified and are available.

Name  Date of Birth

National Insurance No

Address of Care Home

Signed  Date

## Part 2

I do not wish to apply for Free Personal Care and / or Nursing Care Funding from East Dunbartonshire Council.

Name  Date of Birth

National Insurance No

Address of Care Home

Signed  Date

**NOTE – I do not wish to provide my financial details at this stage and have been advised of the implications of this.** (You could be asked for financial details eg bank statements etc at a later date and this will be from six months before date of admission to the care home. It may be easier to provide financial information at this time).

Signed  Date

This authority is under a duty to protect the public funds it administers and, to this end, will use the information you have provided on this form for the prevention and detection of fraud. It will also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see East Dunbartonshire Council's website ([www.eastdunbarton.gov.uk](http://www.eastdunbarton.gov.uk)) under GDPR / Privacy Statement or contact Transactional Finance on [shareservices.transactionalfinance@eastdunbarton.gov.uk](mailto:shareservices.transactionalfinance@eastdunbarton.gov.uk)

## 10 Additional Charges

East Dunbartonshire Council will normally pay a standard amount (the approved rate) when people move into a care home. The amount depends on whether you will receive residential care or nursing care. The approved rates are normally increased each year. If you wish to move to a more expensive home, you, or someone else – “a third party”, – can make up the difference between the approved rate and the actual charge. This is called an “additional charge”. If you are going to receive additional help from relatives to pay an “additional charge”, you must make sure that the arrangement is realistic and will last. The care home will normally ask you, or the “third party”, to sign a separate contract for the “additional charge” payments. East Dunbartonshire Council cannot take responsibility for payment, and your place or room may be at risk.

If a third party eg a relative, has agreed to meet an “additional charge”, they must pay the contribution directly to the home.

Please complete the opposite page to confirm that you have understood that any additional charges are not the responsibility of East Dunbartonshire Council.



## 10 Additional Charges

I understand that East Dunbartonshire Council take no responsibility for the additional charges included in the fees charged by

(Name of Care Home)  for

(Name of Customer)

I,  agree to pay additional charges per week direct to the provider

Name

Address

Signed  Date

### Witnessed by

Name

Address

Signed  Date

# Declaration

I understand that I shall be required to contribute to my care in residential / nursing accommodation and, to the best of my knowledge, all information in this form is accurate and true. I undertake to contact the Council straight away if there is any change in my circumstances or income and authorise Social Work Resources to approach my legal or financial adviser (if any) for clarification or confirmation of the information I have given.

(If the information on this form has been entered for you please ensure that each question and answer has been read to you and you agree before signing.)

Signed  Date

For people signing this form on behalf of applicant

Signed  Date

Please state why you are signing this form on behalf of the applicant. (You may be an appointee, have power of attorney, be a curator or the applicant may be unable to sign due to disability.)

## Please tell us about yourself:

Your full name

Your address

Your phone number

email

Relationship if any

Carefirst Ref. No.							
<b>For Health &amp; Social Care use only</b>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The above documentation has been inspected and verified by social work contact:							
Name of Health & Social Care Professional				<input type="text"/>			
Designation				<input type="text"/>			
Office address				<input type="text"/>			
Phone number				<input type="text"/>			
Social Worker signature			<input type="text"/>		Date	<input type="text"/>	

## Mandate - to be completed in all circumstances

Name

Address

Date of birth

National Insurance number

The Manager

The Department for Work and Pensions

Dear Sir / Madam

Authorisation to release information

I hereby authorise the release of information on my entitlement to all DWP benefits to be provided to Social Work Services, East Dunbartonshire Council.

I also authorise Social Work Services to provide information to you on my behalf in connection with my entitlement to DWP benefits.

Yours faithfully

Signed

Date

# Contacting us

If you require further information about services or your financial assessment, please contact your social worker at the below office:-

## East Dunbartonshire Health & Social Care Partnership

Kirkintilloch Health & Care Centre  
10 Saramago Street  
Kirkintilloch  
G66 3BF  
0141 777 3000 or 0141 578 2101

## Council Headquarters

East Dunbartonshire Council  
12 Strathkelvin Place  
Kirkintilloch  
G66 1TJ  
0300 123 4510  
[customer.services@eastdunbarton.gov.uk](mailto:customer.services@eastdunbarton.gov.uk)

## The following numbers are available when local offices are closed:-

Social Work Support during evenings and weekends  
Phone: 0800 811505

Care at home services during evenings and weekends  
Phone 0141 578 2181

You can obtain more information from East Dunbartonshire Council's web site - [www.eastdunbarton.gov.uk](http://www.eastdunbarton.gov.uk)

If you need this information in another language or format please contact us to discuss how we can best meet your needs.

Phone: 0300 123 4510

Email: [customer.services@eastdunbarton.gov.uk](mailto:customer.services@eastdunbarton.gov.uk)

### Other formats and translation

This document can be provided in large print, Braille or in audio format and can be translated into other community languages.

Please contact the Council on 0300 123 4510

اس دستاویز کو برائے سب سے بڑے فونٹ میں، برایل یا آڈیو فارمیٹ میں فراہم کیا جاسکتا ہے۔ اس کے علاوہ اسے دیگر کمیونٹی زبانوں میں بھی تراجم کیا جاسکتا ہے۔

اس دستاویز کو برائے سب سے بڑے فونٹ میں، برایل یا آڈیو فارمیٹ میں فراہم کیا جاسکتا ہے۔ اس کے علاوہ اسے دیگر کمیونٹی زبانوں میں بھی تراجم کیا جاسکتا ہے۔

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Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fàin gu 0300 123 4510

अनुप्राय रूपे से यह दस्तावेज दिव्य में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।