

MICROFILM SEARCH SECTION
CACO 2D

SUPPLY COPY OF DEDUCTION DOCUMENT MICROFILM NO

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FOR TAX YEAR

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* QUOTE ADDRESS OF EMPLOYER IF NOT SHOWN ON DC

NOTE: A SEPARATE FORM CSF 238 IS REQUIRED FOR EACH EMPLOYER

* DELETE IF ADDRESS NOT REQUIRED

CHILD SUPPORT AGENCY ENQUIRY
Form CSF238 09/08

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|-------------------------------|---|---|---|---|--|--|
| NINO | 1 | | | | | |
| SURNAME | 2 | | | | | |
| FORENAME(S) | 3 | | | | | |
| DATE OF BIRTH | 4 | D | M | Y | | |
| CLIENT'S NINO | 5 | | | | | |
| CLIENT'S NAME | 6 | | | | | |
| CSAC LOC NO & ROUTEING REF NO | 7 | / | | | | |

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| NINO | 1 | | | | | |
| SURNAME | 2 | | | | | |
| FORENAME(S) | 3 | | | | | |
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