



SEBF

The Stock Exchange Benevolent Fund

Application Form

Please complete all relevant sections and return to:

The Stock Exchange Benevolent Fund, 10 Paternoster Square, St Pauls, London EC4M 7DX

Tel: 020 7797 3120 or 1092 Fax: 020 7374 4963

Email: admin@sebf.co.uk

Website: www.sebf.co.uk

Registered Charity No: 245430

FULL NAME OF APPLICANT				
DATE OF BIRTH				
STOCK EXCHANGE HISTORY OF QUALIFYING MEMBER (Please enclose a photograph if possible)		Dates	Partnerships &/or Firms with which associated	
ADDRESS				
TELEPHONE NO				
EMAIL				
<u>FAMILY/ DEPENDENTS</u>				
WIFE / PARTNER / HUSBAND				
FULL NAME		_____		
DATE OF BIRTH		_____		
CHILDREN DETAILS:		Sons: _____ Daughters: _____		
Name	Age	Address	Present Occupation/ employment (if any)	Amount each contributes towards the support of the Applicant

ANNUAL EXPENDITURE & INCOME

<u>ANNUAL EXPENDITURE</u>	£	<u>ANNUAL INCOME</u>	£
Mortgage payments		Salary	
Rent		State pension	
Service charges		Pension credit	
Property maintenance costs		Income support	
Council Tax		Widow's pension	
Water and sewerage charges		Personal pension	
House insurance		Occupational pension	
Contents insurance		Attendance Allowance	
Life, endowment insurances		Housing Benefit	
Electricity charges		Council tax benefit	
Gas charges		Working tax credit/ JSA	
Other fuel costs		Interest on deposit or savings account	
Loan repayments		Any other income or payments	
Car insurance			
Car running costs			
Telephone			
Internet			
TV licence		TOTAL	
Carer			
Domestic help		ASSETS	
Transport costs		Current Account	
Pets		Deposit Account	
Gardener		Building society	
Cost of living, to include food, clothes, household items		PEPS, ISAs	
Personal health (optician, chiropody etc)		Shareholdings	
Membership fees		Property	
Other			
		LIABILITIES	
		Credit card liabilities	
TOTAL			
Please note that the Secretary of the Charity may wish to see supporting documents; these documents should not be sent at this time.			

NAME & ADDRESS OF NEXT-OF-KIN

TELEPHONE NO

STATE OF HEALTH*

ANY OTHER RELEVANT INFORMATION*

* please use extra sheets if necessary.

BANK DETAILS (It is the practice of this charity to make payments directly into a bank account.)

Bank or building society name: A/C name:

Sort code: Account number: Building society ref. (if applicable)

DECLARATION: I HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNED **DATE**

DATA PROTECTION CONSENT FORM

If you, or someone on your behalf, completes the Application/Budget Review Form, an electronic and paper file will be opened for you which will contain the information in the Application Form and any subsequent correspondence with you, your doctors, referees, others such as advice workers and social workers and public authorities. The file(s) will also contain the reports of any visits made to you and details of financial payments made to you.

The files will be kept securely and in strict confidence and will not be passed to any other individual or organisation without your consent, except the Committee fund members and except where required to do so by law.

You have the right to request a copy of your file(s) except for any information held within them about another person.

Your file(s) will be destroyed six years after you last received support.

Declaration: I have read and understand the above and I agree to The Stock Exchange Benevolent Fund maintaining file(s) with information about me and sharing that information with other parties in the circumstances set out above.

SIGNED **DATE**