



**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](mailto:admin@sebf.co.uk)

Website: [www.sebf.co.uk](http://www.sebf.co.uk)

Registered Charity No: 245430

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



**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, and to erase or correct data about you. Please refer to our Privacy Statement for further information. 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** .....