STAN PRIDDLE MEMORIAL BENEVOLENT FUND CLAIM FORM

CLUB NAME DATE

SURNAME FORENAMES

ADDRESS

DATE OF BIRTH OCCUPATION

EMPLOYMENT STATUS—employed/self employed/unemployed

SINGLE/MARIED/LIVING WITH PARTNER

NUMBER OF DEPENDENTS

NATURE OF INCAPACITY (IF INJURED, DATE IF INJURY TO BE INCLUDED

ARE YOU CURRENTLY OFF WORK Yes/No

HOW LONG DO YOU ANTICPATE BEING OFF WORK

ARE YOU BEING PAID? Yes/No WHAT % OF WAGE ARE YOU GETTING

ARE YOU RECEIVING BENEFIT FROM CLUB OR PERSONAL/ACCIDENT POLICY Yes/No

IF YES HOW LONG FOR?

POSITION WITHIN CLUB

CLUB SECRETARY COMMENTS AND ENDORSEMENT OF CLAIM

CLAIMANTS SIGNATURE

CLUB SECRETARY SIGNATURE

Please return to David Brammer, 16 Knightcott Gardens, Banwell, BS29 6HG

PLEASE INCLUDE DOCUMENTARY EVIDENCE INCLUDING MEDICAL CERTIFICATES