

**APPLICATION FOR ASSISTANCE**

Name of Organisation Seeking assistance:

Case No / Reference No:

1. Particulars of applicant		NI Number								
Surname		Service Number								
Address		First Name								
		Date of Birth								
		Single/married/divorced/widowed/partner								
Postcode		Date of marriage/partnership								
Telephone		Date of divorce / separation								

2. Particulars of spouse/partner if applicable				
Surname		First Name		
Address		Date of Birth		
		Single/married/divorces/widowed/partner		
Postcode		Date of marriage/partnership		
Telephone		Date of divorce / separation		

3. Particulars of sons and daughters and dependants				
Name	Age	Living at Home/Away	Relationship to applicant	Employed/unemployed or School/College/University

4. Particulars of person on whom eligibility is based	
Corps/ Regiment	
Current Unit	
Unit Address for Correspondence	
Date of Enlistment	

12. Type of Assistance Required	Estimated Cost

13. Declaration:	
<ul style="list-style-type: none"> <li>• I understand the information I have provided will be used to process this application for assistance.</li> <li>• I agree that the details on this form may be passed in confidence to other agencies and charities in the course of this application.</li> <li>• I authorize _____ (Name of Organization) to approach ABF The Soldiers' Charity and other agencies and charities on my behalf.</li> </ul>	
Signature of applicant / NOK or Commanding Officer	Date:

15. Report and Recommendations

Amount Required: £

Signature of Caseworker	Date
Name in Blocks:	Appointment:
Title for Correspondence:	Unit:
Postal Address:	
	Contact Tel No: (Civil)
	Fax:
	Email:

Cheques should be made payable to:  
 And sent to:

Or BACS Details	
Bank:	
Address:	
Account Name:	
Account No:	
Sorting Code:	