## **PRIVATE & CONFIDENTIAL**

## THE INCORPORATED BREWERS BENEVOLENT SOCIETY

| Case Number |
|-------------|
|             |
|             |

Registered under the Friendly Societies Act. Registered Number BEN 32.

Postal address: THE CLOCK HOUSE, CLOCK HOUSE LANE, BRAMLEY, SURREY GU5 0AP

TEL: 01483 893 100 enquiries@brewbensoc.co.uk

This form must be completed and signed by the applicant and spouse/partner and signed by the person recommending the application.

• Should any statement be found to be intentionally false or any income not revealed, no further consideration will be given to the application.

| Name of applica | ant in full  |                                     |
|-----------------|--|-------------------------------------|
| Address         |  |                                     |
|                 |  |                                     |
|                 |  |                                     |
|                 |  |                                     |
|                 | BASIS OF CLAIM   |                                     |
|                 | BASIS OF CLAIM   |                                     |
| The Society 6   | exists for the relief of distress amongst members of the<br>and their dependents.  | e Brewing or Distilling professions |
| can be a        | Claims in respect of persons who have not been mer<br>accepted only if the Committee is fully satisfied as to the<br>and the relief granted will be regulated by the amour | ne eligibility of the applicants,   |
| . What co       | nnection has the applicant with the Brewing or Distilling pro  | fession?                            |
|                 |  |                                     |
|                 |  |                                     |
|                 |  |                                     |
| The follo       | owing particulars must be given as accurately as possible of   | the person named in 1.              |
| a) Brewe        | ery or other firms or companies with whom he was employed  | d (other than the last engagement)  |
| Dates.          | Employer Po  | sition                              |
|                 |  |                                     |
|                 |  |                                     |
|                 |  |                                     |

| lount of pension, gratuity or assistance he received from previous employer(s) on or after the mination of the engagement.  Alive, present address and occupation.  Leceased: Date of death.  Age at death.  Cause of death.  member of The International Brewer's Guild or the Institute of Brewing & Distilling at any time, e dates of membership.  PARTICULARS OF APPLICANT  relationship to applicant |  |
|--|--|
| leceased:  Date of death.  Age at death.  Cause of death.  member of The International Brewer's Guild or the Institute of Brewing & Distilling at any time, e dates of membership.  PARTICULARS OF APPLICANT   |  |
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| e dates of membership.  PARTICULARS OF APPLICANT   |  |
|  |  |
| relationship to applicant  |  |
|  |  |
| Date of birth  |  |
| articulars of past and present business or employment  |  |
|  |  |
| any application been made previously to the Society? If so, give date and result.  |  |
| ou in receipt of an annuity or any contributory or non-contributory payments from the State? Give unts and type of benefit ( <i>e.g.</i> Retirement benefit, Old age pension, Widow's pension etc).  |  |
|  |  |
|  |  |

| 8.  | Full particulars of present income of applicant's spouse or partner  |
|-----|--|
| 9.  | Full particulars of any property, in cash or kind or investments, life assurance policy or revision of any kind that applicant is interested in or entitled to.              |
| 10. | What assistance (if any) has been received by you during the past two years?  Names of donors to be given and relationship to applicant together with the amounts from each. |
| 11. | If any children are still at school, state name of school.   |
| 12. | Rent of house or lodging or if living free. Give details of standing charges such as rent, mortgage, Council tax, water rates etc.   |
| 13. | State of health?   |
| 14. | Are you capable of earning anything?   |
|     | Nature and object of assistance desired?   |

| 16.      | Any further particulars  |
|----------|--|
|          |  |
|          |  |
|          |  |
|          |  |
|          | I will provide my visitor with an annual update of all the facts detailed above together with any recent changes, supported by bank statements of all our accounts, tax returns, investment reports etc, once a year.                              |
|          | Signature of Applicant   |
|          | Signature of wife/husband/partner  |
|          | Date   |
|          |  |
| Member   | lication must be endorsed by a person (having a personal knowledge of the applicant) who should be either a of the IBBS, past member of the International Brewers Guild, member of the Institute of Brewing & Distilling, an, Doctor or Solicitor. |
| I        | (block letters please  |
|          | CERTIFY that I have knownforyear   |
| and that | to the best of my knowledge the above particulars are a true statement of his (or her) circumstances.  |
|          | Signature  |
|          | Occupation   |
|          | Address  |
|          | Date   |
|          | Date   |