

APPLICATION FOR FINANCIAL ASSISTANCE

Common Form for use by Service and ex - Service Organisations

ROYAL COMMONWEALTH EX - SERVICES LEAGUE

Submitted by



Name of the Bank & Branch.....

Bank A/c No.....

1. PARTICULARS OF APPLICANT

Full name of applicant :

Date of birth

Marital Status

Maiden name in case of ex-Service woman (see para. 3)

Full Postal Home Address

Type of accommodation (house, furnished rooms, etc.)

Conditions of tenure (rented, freehold, etc.)

Previous address if recently changed

Relationship to Serviceman / woman

2. DETAILS OF PERSON UPON WHOM ELIGIBILITY IS BASED (as verified from Service documents)

surname

First names

Official Service No.

Rank

Date of birth

Type of engagement (Regular, Territorial, Etc.)

Date and cause of death (if applicable)

Service Corps or Regt. served in	Date and Place of enlistment	Date and Place of discharge	Reason for discharge
ROYAL NAVY			
ARMY (Give Corps and full titles of Regiments with dates)			
R.A.F.			

Service in Operational Theatres	if P.O.W. state Country and period	Medals, etc.	Character on discharge

3. DETAILS OF SPOUSE

Full name

Date of birth

Date of marriage

if husband or wife also served in H.M. of Allied Forces please also state

Date and place of enlistment

Official Service No.

Rank

Unit

Date of discharge

Service

Reason for discharge

Unit

Maiden name if Servicewoman

10. ASSISTANCE REQUESTED

Has an approach been made, or will an approach be made, to any other fund in respect of this application ?

if so state which

11. PREVIOUS ASSISTANCE

To be completed by the Investigator and / Or Adjudicating Committee

Date		Organisation	Nature of Assistance

12. CERTIFICATE (to be read out to applicant)

I certify that to the best of my knowledge the information supplied about is correct and that I understand that any incorrect statement may be regarded as an endeavour to obtain help under false pretences. I agree that the Service Records Office may be approached to provide details of Service.

Date

SIGNATURE OF APPLICANT

13. INVESTIGATOR'S REPORT AND RECOMMENDATIONS

(Estimates and accounts to be attached when applicable)

SPECIFIC AMOUNT
RECOMMENDED

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HAVE YOU VERIFIED SERVICE PARTICULARS ? (Answer Yes or No)

Investigator's Signature Date

Address for correspondence (in Block Capitals)

Name (Mr. / Mrs. / etc.)

Organisation Office held

Address

Telephone Number