BORDEN UNITED CHARITIES C.I.O.

(Registered Charity No: 1209593)

CHRISTMAS GRANT APPLICATION FORM

In order to be considered, all sections of this form must be completed in full

Applicant Information	Details							
Applicant								
Address								
Telephone No:								
E-mail:								
Age (please ring):	16-25	26-35	36-45	46-55	56-65	66-75	76-85	86-95
Occupation (if any)								
Marital Status (please ring)	Single	Married		Partner		Widowed	Divorced	
Ages of family who are dependent upon applicant: • Adults (including Spouse/Partner): • Children: • Others:								
How long resident within Parish:								
Weekly paid employment income:								
Self & Spouse/Partner Income from other sources, e.g. Pension State & Private: Other Charities: Other (e.g. Banks, etc.): Dependents: Benefits: Rent/Mortgage Payments per month:								

circumstances	y special		
Circuitistatices			
Reason for Gra	nt request:		
	·		
Have you appli	ed before; if so when?		
	If approved, pleas	se tick box for preferr	ed payment method
Cheque	Bank Credit	If Bank Credit, please supp	ly the following:
Account name:		Account No:	Sort Code:
, toodane name.		7 toodane 1101	3311 33451
	=	discuss this application, in	person, prior to the awarding of the grant
and will contact	you if necessary.		
I. the undersign	ed, hereby apply for	a grant from Borden Unit	ed Charities and confirm that the above
		that knowingly or reckless	ly making a false statement may result in
prosecution and			
	are true. I understand		
Signed:	are true. I understand		
Signed:	are true. I understand /or a fine upon prosecu	ition:	ly making a false statement may result in
	are true. I understand /or a fine upon prosecu		ly making a false statement may result in
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Signed: Please print nan Date:	are true. I understand /or a fine upon prosecu ————————————————————————————————————	ition:	ly making a false statement may result in
Signed: Please print nan Date:	are true. I understand /or a fine upon prosecu ne: e completed form, no la	ition:	ach year, by one of the following methods:
Signed: Please print nam Date: Please return th	are true. I understand /or a fine upon prosecute: The Clerk, 53 Sp	ater than 17 November of ea	ach year, by one of the following methods:

Borden United Charities cares to ensure the security of personal data. This is done through appropriate technical measures and relevant policies. Data is kept for the purpose it was collected for and only for as long as is necessary. A copy of our Privacy Policy is attached.