



CIM

Benevolent Fund

Moor Hall
Cookham
Maidenhead
Berkshire
SL6 9QH
United Kingdom

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E benevolent.fund@cim.co.uk
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Application Form

Personal and contact details:

Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Male <input type="checkbox"/> Female		
First Name		Family Name	
Date of Birth (DD/MM/YYYY)			
CIM Membership Number		Date of election to CIM (DD/MM/YYYY)	
Address			
Town		County	
Postcode		Country	
Home Telephone Number		Mobile	
Office Telephone Number			
E-mail Address			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced		
Number of children 18+		Under 18	

<u>For office use only:</u>	
Case interviewer:	Grant:
Year:	Case Number:
Other fund(s)	

EMPLOYMENT:

Employment Status	<input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired			
Details of current/ previous employment				
Were you with any Company for a large part of your working life?	Name		Dates (from-to)	
	Name		Dates (from-to)	
	Name		Dates (from-to)	
Are you a member of any Unions or Societies? Please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you applied to any other Benevolent or Charitable Funds for assistance e.g. RAF, SSAFA etc? If so, to whom, when, and was help provided?				
May we approach these funds to discuss your case?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

ACCOMMODATION:

Occupancy Status	<input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/> Owner <input type="checkbox"/> Tenant			
Number of years occupancy		Current value of property		
Mortgage Term		Amount outstanding		
Other loans on property i.e. Equity Release				

STATEMENT OF INCOME:		STATEMENT OF OUTGOINGS:	
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Salary		Rent	
Government Pension		Mortgage	
Company Pension		Council Tax	
Spouse's / Partner's income		Gas / Electric / Water	
Children's contribution		Insurance Premiums	
Help from relatives		Housekeeping (e.g. Groceries, toiletries etc.)	
Charitable Fund		Mobile Telephone	
Benefits:		Landline Telephone	
Universal Credits:			
Jobseeker's Allowance:		Broadband	
Carer and Disability Benefits:		TV/Film Subscription (e.g. Sky, Virgin, Netflix etc.)	
Child Benefit:		Car Tax	
Family Benefits:		Car Insurance	
Any Other Benefits:		Car Maintenance/Other	
		TOTAL (£)	£
TOTAL INCOME (£)	£	Other liabilities / outgoings (please list):	
Other Assets:			
House			
Car			
Savings			
Other		TOTAL (£)	£

REASON FOR APPLICATION:

If possible, please explain what it is that you particularly need assistance with:

May we check any of the above details and disclose such information as is necessary to complete this check?

Yes No

Please add any other relevant information that you would like to provide:

DECLARATION OF INFORMATION PROVIDED:

In order to meet the legal obligation placed upon the Trustees required by the 1992 Charities Act, it is necessary for us to get you to sign a declaration that the information provided is true.

“ I certify that all the statements I have made in this Application are true and that (apart from any statement to the contrary in the Application) I have not made application for relief to any other Charity in Great Britain or elsewhere, and I undertake to inform you of any change in my circumstances that might affect any decision to grant me relief. I realise that I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true “.

NAME (printed)	
SIGNATURE *	
DATE	

* *Completing this document online and returning it by e-mail will act as your signature.*

GDPR CONSENT:

The Chartered Institute of Marketing Benevolent Fund is committed to protecting your privacy and managing your personal data in accordance with applicable Data Protection Law. By signing this form, you are consenting to the Chartered Institute of Marketing Benevolent Fund holding and processing your personal data for the purpose of implementing your application to the Fund and in order to comply with its legal obligations.

NAME (printed)	
SIGNATURE *	
DATE	

* *Completing this document online and returning it by e-mail will act as your signature.*

Please return this form to:

Secretary to the CIM Benevolent Fund
Chartered Institute of Marketing
Moor Hall
Cookham
Maidenhead
Berkshire
SL6 9QH

E-mail: Benevolent.fund@cim.co.uk