

Corn Exchange Benevolent Society

The Baltic Exchange, 38 St Mary Axe, London, EC3A 8BH

Tel: 020 7283 6090

Application for Assistance

Particulars of the Member

Surname: _____

Forenames: _____

Address: _____
(including Postcode, please)

_____ Tel: _____

E-mail Address: _____

Date of Birth: _____ Age: _____

Marital Status: _____ State of Health: _____

Particulars of Applicant (THIS SECTION SHOULD ONLY BE COMPLETED WHEN THE APPLICANT IS, OR HAS BEEN, DEPENDENT UPON A MEMBER FOR SUPPORT, NOT IF THE APPLICANT IS A MEMBER)

Surname: _____

Forename(s): _____

Address: _____
(including Postcode, please)

Telephone: _____ (Including full dialling code, please)

Date of Birth: _____ Age: _____

Relationship to Member: _____ (if applicable)

Marital Status: _____ State of Health: _____

Corn/Grain Trade Employment Details

Present/Last Employer: _____

Address: _____

Position Held: _____

Length of Service: _____ Date of Leaving: _____

Reason for Leaving: _____ Age at Leaving Date: _____
(ie, redundancy, retirement, ill health, etc)

General Particulars

a) Where are you living? (please tick a box)

House Retirement Home Bungalow Nursing Home Flat Hospital Other _____

b) Is your home owned by you being purchased by mortgage
 privately rented local authority rented housing association rented

c) Do you live alone? Yes No
If not, please state who lives with you. _____

d) Do you live in your son or daughter's home? _____

e) Number and age(s) of children _____

f) Age(s) of any dependent children _____
(ie, living with you/supported financially by you)

