



Application for Assistance

Applicant's Information:

Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Referred to the Benevolent Fund by: (if applicable)

Name: _____

Company: _____

Position: _____

Details of the applicants/relative's employment within the caravan industry (including evidence of employment which could be in the form of a letter from the employer, a pay slip, a copy of the contract of employment, etc.):

Company Name: _____

Company Address: _____

Dates in Service: _____

Reason for request for assistance: _____

**Please suggest how
the Benevolent Fund
could help:**

Additional information of circumstances to support claim (including doctor's supporting letter where applicable):

Please ensure you enclose the following information with this form:

- Copies of bills or receipts to support request for assistance**
- Two estimates for any work to be carried out (if applicable)**

Signed:

Date:

National Caravan Council Limited

Catherine House, Victoria Road, Aldershot, Hampshire, GU11 1SS

Telephone: 01252 318251 Facsimile: 01252 322596

Reg. No. 519228 England