



Application form for assistance from The Chartered Certified Accountants' Benevolent Fund (the Benevolent Fund)



Name _____

Address _____

Postcode _____

Tel _____ Date of birth _____ Country of birth _____

E-mail address _____

Marital status _____ Present occupation _____

Name of Member or former Member _____

Membership no

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 Membership period: From _____ To _____

Relationship to Member or former Member _____

How did you hear about the Chartered Certified Accountants' Benevolent Fund? _____

“Supporting members and their families in times of hardship or need.”

Nature of assistance requested (✓) Grant Loan Any other form (details) _____

Please give details of how much you require and give brief description of what grant/loan would be used towards.

Have you made a previous application for assistance from this Benevolent Fund? If so, give full particulars.

Present state of health of the applicant.

Present state of health of spouse/partner and dependants.

**ESTIMATED TOTAL HOUSEHOLD INCOME
(for the next 12 months)**

Regular Income

**Applicant's
Current Details**

£ sterling Local Currency

**Spouse/Partner's
Current Details**

£ sterling Local Currency

<u>Employed persons earnings – Net of tax</u>	_____	_____	_____	_____
<u>Self Employed persons earnings – Net of tax</u>	_____	_____	_____	_____
<u>State Pension</u>	_____	_____	_____	_____
<u>Occupational Pension</u>	_____	_____	_____	_____
<u>Supplementary Pension</u>	_____	_____	_____	_____
<u>Income from Property (after expenses)</u>	_____	_____	_____	_____
<u>Income from lodgers/boarders</u>	_____	_____	_____	_____
<u>Regular payments from relatives</u>	_____	_____	_____	_____
<u>Dividends/Interest from Investments or savings</u>	_____	_____	_____	_____
<u>Unemployed benefit</u>	_____	_____	_____	_____
<u>Sickness benefit</u>	_____	_____	_____	_____
<u>Child Benefit</u>	_____	_____	_____	_____
<u>Housing Benefit</u>	_____	_____	_____	_____
<u>Attendance allowance</u>	_____	_____	_____	_____
<u>Mobility allowance</u>	_____	_____	_____	_____
<u>Other state benefits (give details)</u>	_____	_____	_____	_____
<u>Other Charities grants (give details)</u>	_____	_____	_____	_____
<u>Any other source of income (give details)</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL REGULAR INCOME

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One-off Income

Please give details of any one-off grants, gifts, etc.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL OTHER INCOME

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ESTIMATED EXPENDITURE**(for the next 12 months)****Regular Payments****Applicant's
Current Details**

£ Sterling Local Currency

**Spouse/Partner's
Current Details**

£ Sterling Local Currency

Household Bills etc.Mortgage repaymentsRentIncome tax from employmentInsuranceService ChargeRates/Council Tax or Local TaxesRates or Local Taxes Rebate (if any)Water and Sewerage Rates (if separate)Heat and LightTelevision LicenceRented Household AppliancesTelephoneBroadbandHousehold food bill**General**Regular Medical SuppliesClothingPaper, periodicals and magazinesLife assurance/PensionCar Costs (inc. tax, insurance, petrol, services)Hire Purchase (give details)Travel expenses e.g. regular visits to hospitalshopping etc.(give details)_______________Any other regular expenses (give details)__________**TOTAL REGULAR EXPENDITURE****Other one-off expenditure**HolidaysHousehold Repairs and maintenanceGeneral Large Purchases (TV, Computer)Any other one-off expenses (give details)__________**TOTAL OTHER EXPENDITURE**

ASSETS AND LIABILITIES

	Applicant's Current Details		Spouse/Partner's Current Details	
	£ sterling	Local Currency	£ sterling	Local

Currency

ASSETS

Value of any property _____

Value of stocks and shares owned _____

Balance in all Bank, Savings, Building Society
accounts etc. include ISAs _____

Value of motor vehicles (give details eg age, type)

Other assets eg premium bonds (give details)

TOTAL ASSETS _____

DEBTS / LIABILITIES

Amount of mortgage and term outstanding
(give details) _____

Amount of outstanding Loans _____

Amount of outstanding Credit Cards _____

Amount of outstanding Hire Purchase _____

Other liabilities and/or debts (give details)

TOTAL DEBTS / LIABILITIES _____

NET ASSETS _____

REPAYMENTS OF DEBTS, LOANS ETC DUE IN NEXT 12 MONTHS

List each debt separately, showing interest and capital if applicable

TOTAL ESTIMATED PAYMENTS _____

Please use another sheet if required.

Have you applied for or received assistance from any other Society or person? If so, state particulars.

If applicable, have you sought advice from a debt counsellor? If so, state particulars

If applicable, have you taken advice from the Department of Work and Pensions and claimed all State Benefits that you are entitled to?

If applicable, have you reduced your mortgage payments or sought a creditor's agreement? If so, give particulars

Give the name, full address, telephone number and relationship of next of kin.

Give the name, full address and telephone number of a person that may be contacted in an emergency.

Give the name, address and telephone number of a Chartered Certified Accountant, Barrister, Solicitor, Doctor, Clergyman, or other Persons, to whom reference can be made. Two names should be given and the persons referred to should be fully acquainted with your present circumstances. The persons may be contacted for a character reference.

i Name

Address

Occupation Relationship to applicant

ii Name

Address

Occupation Relationship to applicant

Please provide any other information you consider helpful in support of your application. Use additional sheets if necessary

Please provide details of the following, if applicable.

Enclosed

- Benefits entitlements
- Pension currently received
- Pensions to be received
- Any Health/Life insurance policies
- Copies of bills/quotes of a specific item

PLEASE DO NOT HESITATE TO CONTACT THE SECRETARY OF THE CHARTERED CERTIFIED ACCOUNTANTS' BENEVOLENT FUND AT hugh.mccash@accaglobal.com SHOULD YOU HAVE ANY QUESTIONS ABOUT THE FORM OR THE SUPPORT AVAILABLE.

DECLARATION/CONSENT

The Chartered Certified Accountants' Benevolent Fund (Benevolent Fund) is committed to safeguarding your privacy and it will take every precaution to protect and ensure the information remains confidential and within the terms of the applicable Data Protection Regulations and all the authorities you give us.

Please read this declaration carefully and sign below to confirm your consent to the use of the information.

- I believe that the details I have given in this form are correct and I will inform the Benevolent Fund as soon as possible of any changes in my circumstances.
- I understand that the information expressed in this form will be kept confidential and only used in relation to the processing of my application.
- I authorise the Benevolent Fund and anyone properly instructed on its behalf to make any enquiries deemed necessary by it in support of my application.
- I consent to the disclosure of any information provided by me to other charities and/or parties who may be contacted in the course of such enquiries. I understand that this process may include enquiries of and disclose of information to any relevant expert or doctor, my General Practitioner, my employer, any referee indicated on this form and any individual or body that can verify the information provided by me in this form.
- I consent to my personal data being processed and maintained by the Benevolent Fund for the purposes of administering my application and I understand that the data will be kept for as long as necessary.

Signature of applicant _____ Date _____

Did the applicant complete the form **Yes** **No**

If the answer is No, please insert name, address and telephone number, including relationship to applicant, below.

DATA PRIVACY NOTICE

The Chartered Certified Accountants' Benevolent fund (Benevolent Fund) may use your personal data for the purposes of;

- the operation of the Benevolent Fund
- responding to enquiries and investigating complaints
- complying with our regulatory obligations

You can update your information at any time, by contacting the Benevolent Fund administration. We may share information with the Board of Trustees and with our auditors. Please note that for individuals based outside the UK, your information will be held in the Fund's main information systems which are located in the UK & EU.

Your information will be kept as long as necessary to support the Benevolent Fund application and administration process.

For more information on how your information and rights are respected, please see the privacy notice ([accaglobal.com/ privacy](https://accaglobal.com/privacy)), or contact privacy@accaglobal.com

PLEASE SEND YOUR COMPLETED APPLICATION FORM TO:

Hugh McCash, Secretary,
The Chartered Certified Accountants' Benevolent Fund,
110 Queen Street, Glasgow, G1 3BX, United Kingdom

Or e-mail it to

hugh.mccash@accaglobal.com

We will accept your signature as typed

We will acknowledge your application normally within 7 days of receiving your correctly completed application form. However in some cases this may take longer.

The Chartered Certified Accountants' Benevolent Fund
110 Queen Street, Glasgow, G1 3BX, United Kingdom
tel: 0141 534 4045

www.accaglobal.com

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Company registration number 08880293

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