**Benevolent Fund enquiry form**

Your details

|  |  |
| --- | --- |
| Last name |  |
| First name |  |
| Dr / Miss / Mr / Mrs / Ms / Prof / Other |  |
| Address |  |
| Telephone |  |
| Email |  |

Your relationship with the EI

Are you

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A current EI member |  |  | A past EI member |  |  | A dependent of a current/past member |  |

Membership details (\*if different from above)

|  |  |  |  |
| --- | --- | --- | --- |
| Last name of member\* |  | | |
| First name of member\* |  | | |
| Date of birth |  | | |
| Membership grade held |  | | |
| Period of membership if known |  | to |  |

If you are a dependent, please give further details of your relationship to the EI member ie spouse, partner, child, parent

|  |
| --- |
|  |

**Your application**

Please explain your circumstances and the reason why you are applying to the Benevolent Fund. Please also indicate the help or support you would like the Fund to provide

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|  |

**Your signature and declaration**

In submitting this form to the EI Benevolent Fund I confirm that all the questions have been answered truthfully and to the best of my ability I will inform the EI Benevolent Fund immediately if there are any changes in my circumstances.

I have read and understood the EI’s Privacy Policy and give my permission for information supplied by me to be stored and processed as indicated in the policy.

Signature

|  |
| --- |
|  |

Date

|  |
| --- |
|  |

Office use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date received | Membership verified | Dates of membership | Type of membership held | Forwarded to Ben Fun date |
|  |  |  |  |  |