## APPLICATION FOR FINANCIAL ASSISTANCE

Common Form for use by Service and ex-Service Organisations

## **ROYAL COMMONWEALTH EX - SERVICES LEAGUE**

Su	ıbı	mi	tt	ed	by
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Name of the Bank & Branch
Bank A/c No

PARTICULARS OF APPLICANT				
Full name of applicant :				
Date of birth		Marital Status		
Maiden name in case of ex-Service woman (see p	ara 2\	Mantai Status		
Full Postal Home Address	ara. 3)			
Type of accommodation (house, furnished rooms,	eto )			
Conditions of tenure (rented, freehold, etc.)	GIO./			
Previous address if recently changed				
Relationship to Serviceman / woman				
DETAILS OF PERSON UPON WHOM ELIGI	RII ITV IS RAS	EN (se varified from Sarv	rice documents)	
surname	First name		nce documents,	
Official Service No.	Rank		Date of birth	
Type of engagement (Regular, Territorial, Etc.)	rank	Date and a		
Type of original (Hogalar, Territorial, Lic.)		Date and ca	use of death (if applicable)	
Service Corps or Regt. served in		Date and Place of enlistment	Date and Place of discharge	Reason for discha
ROYAL NAVY				
ARMY (Give Corps and full titles of Regiments				
with dates)			•	
R.A.F.			,	
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	<u> </u>			<u> </u>
Service in Operational Theatres		if P.O.W. state	Medals, etc.	Character on
		Country and period		discharge
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## . DETAILS OF SPOUSE

Full	name

Date of birth

Date of marriage

if husband or wife also served in H.M. of Allied Forces please also state

Date and place of enlistment

Official Service No.

Rank

Unit

Date of discharge

Service

Reason for discharge

Unit

Maiden name if Servicewoman

First Names	Date of Birth	Living at home	Relationship to	Employment	. Cabard	·	
		or away	applicant	Employment or	School E	arnings	Payment househol
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MONTHLY EXPENDI	TURE AND INCOM	E OF APPLICA	NT				
		EXPENSES					11.00
		Local Currence	<u>'</u>				INCOME Local currence
Rent				Earnings of APPLICAN	ΙΤ		
Mortgage				Allowance from husbar			
lire Purchase (monthly in				Unemployment / Sickne			
lebts (monthly instalment	t/s			Pension (State type)	SOO DENGINS		
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ther expenses (give deta	tils)						
				Any other income			
• .							
	TOTAL						
APITAL			<del></del>			TOTAL	
tal capital, savings and ir	nvestments						
RE PURCHASE	. Totaliona						
		<del></del>					
A	rticles	F	Date of Purchase	Amount of contract	Monthly outstanding		Amount
HER DEBTS (descrip	tion)			<u> </u>			
						<u> </u>	
AILS OF EMPLOYME	NT.			TOTAL OUTSTAND	ING (7and 8)		

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If employment ceased give date and reason Average wage when working (per week)

If temporarily unfit, is job open to return to?

as an approach been made, or will an approach be made, to any other fund in respect of this application 7, so state which	ASSISTANCE REQUESTED				
REVIOUS ASSISTANCE  Date Organisation Nature of Assistance  Date Organisation Nature of Assistance  BERTIFICATE (to be read out to applicant)  until y hat to the best of my knowledge the elementain supplied about is cornect and that I understand that any incorrect statement may be regarded as an delewrust to obtain help under false pretences. I agree that the Service Records Office may be approached to provide details of Service.  THE SIGNATURE OF APPLICANT  INSTITUATOR'S REPORT AND RECOMMENDATIONS  SIGNATURE OF APPLICANT  RECOMMENDED  SPECIFIC AMOUNT  RECOMMENDED  Continue on back  VE YOU VERIFIED SERVICE PARTICULARS? (Answer Yes or No)  selegator's Signature Details of the selection of Block Capitals)  me (Mr. 7 Mar. 7 Hz. 7 H	las an approach been made, or will an	approach be made, to any other fund in resr	nect of this application 2		
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