

Kidderminster Aid in Sickness Fund

Charity No. 210586

APPLICATION FORM FOR KAIS FUNDS

ALL SECTIONS MUST BE COMPLETED ON APPLICATION FORM AND SUPPORTING INFORMATION FORM. PLEASE NOTE KAISF CANNOT HELP WITH BANKRUPTCY FEES OR DEBT.

Surname:	First Names:
Date of Birth:	
Address:	
Contact Telephone Number:	
Email address:	
Application made by:	
Monthly income and its source(s) (Please list in detail):	
Illness or Disability (Doctors or professional supporting information required): Please provide as much background information as possible, to enable a full and fair assessment of needs.	
What application is for and amount requested: Ensure you complete details of items on the Supporting Information Form.	
Name cheque to be made payable to, and address cheque to be sent to:	
Apart from any grant which may be made by this Trust, what are your plans to fund the stated costs:	

I declare that the information I have given is true and I have not withheld any relevant information. I understand that any false statement contained in this application may deprive me of all benefits from the Trust both now and in the future.

Signature of the Applicant:.....Date:.....

Reply to: Clerk to the Trustees, Kidderminster Aid in Sickness Fund, c/o mfg Solicitors, Adam House, Birmingham Rd, Kidderminster, DY10 2SH.