



# Devon Ambulance Staff Benevolent Fund

AMBULANCE PEOPLE HELPING AMBULANCE PEOPLE

# dasbf

Website: [www.dasbf.co.uk](http://www.dasbf.co.uk)

## APPLICATION FORM

Please complete and return your application to the address below:

**Steve Marshall. DASBF. 30 Frobisher Green, Chelston. Torquay. TQ2 6JH.**

**Title:** Mr / Miss / Mrs / Ms / Dr (please circle)

**Surname:** \_\_\_\_\_ **Forename(s):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Post code:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Date of Birth:** \_\_/\_\_/\_\_\_\_ **Gender:** Male / Female (please circle)

**Base:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Staff ID: A** \_\_\_\_\_ **Pay No:** \_\_\_\_\_

**Date you joined the DASBF:** \_\_/\_\_/\_\_\_\_ **Anticipated retirement year:** \_\_\_\_\_

Please tick the correct box below to indicate your required subscription:

**Standard** (£3 per month)

**Standard plus the Lottery** (£5 per month)

I hereby authorize monthly deduction from my salary, in the amount indicated above, to be paid to the Devon Ambulance Staff Benevolent Fund until further written notice.

**Signed:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_\_\_

### Data Protection Statement

Your personal information is used only for administration purposes by the DASBF. We will not divulge it to anyone else without first gaining your consent.



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## BENEFICIARY FORM

### Members Details

**Title:** Mr / Miss / Mrs / Ms (please circle)

**Surname:** \_\_\_\_\_ **Forename(s):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_ **Post code:** \_\_\_\_\_

**Date of Birth:** \_\_ / \_\_ / \_\_\_\_ **Pay No:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

*In the event of my Death in Service, I hereby authorize the Devon Ambulance Staff Benevolent Fund to pay the sum of £3000 to the beneficiary named below. If no beneficiary is listed the payment will be made to the Next of Kin.*

### Beneficiary Details

**Title:** Mr / Miss / Mrs / Ms / (please circle)

**Surname:** \_\_\_\_\_ **Forename(s):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_ **Post code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Relationship:** Husband / Wife / Brother / Sister / Carer / Other ( \_\_\_\_\_ ) (please circle)

*Please return the completed form to Steve Marshall DASBF 30 Frobisher Green Chelston Torquay TQ2 6JH.*

**Signed:** \_\_\_\_\_ **Date:** \_\_ / \_\_ / \_\_\_\_