



Devon Ambulance Staff Benevolent Fund

AMBULANCE PEOPLE HELPING AMBULANCE PEOPLE

dasbf

Website: www.dasbf.co.uk

Bereavement Claim Form

Deceased Details:

Staff ID: (pay number)..... Title: Mr / Mrs / Miss / Ms (please circle)

Surname: Forename(s):

Claimants Details:

I confirm that the above named person passed away on __ / __ / ____ (date).

Please forward the Bereavement Grant to:

Address to which payment should be sent:

.....

Post Code: Contact Telephone Number:

Claimants Name (print):

Claimants Signature: Date:

Once completed please return this form to: Steve Marshall. DASBF Comms. 30 Frobisher Green, Chelston. Torquay. TQ2 6JH for processing. Thank you.

Action / Outcome

(Official use only)

Details:

Cheque made payable to:

Authorising Signature: Date:
(Executive member only)