



Devon Ambulance Staff Benevolent Fund

AMBULANCE PEOPLE HELPING AMBULANCE PEOPLE

Website: www.dasbf.co.uk

CHANGE OF DETAILS FORM

Use this form to notify the DASBF of any changes in your membership information or to change to your subscription level.

Please return your completed form to: *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:** __ / __ / ____