



Devon Ambulance Staff Benevolent Fund

AMBULANCE PEOPLE HELPING AMBULANCE PEOPLE

dasbf

Website: www.dasbf.co.uk

Retirement Claim Form

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

Surname: Forename(s):

Home Address:

.....

Post Code: Contact Telephone Number:

Confirmation:

I confirm that I **Retire** or **Am due to Retire** (please circle) permanently from the Ambulance Service on **Age / Health Grounds** (please circle) on __ / __ / ____ (date).
I joined the DASBF on __ / __ / ____ (if known).

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)