

ACTORS' BENEVOLENT FUND
6 ADAM STREET, LONDON WC2N 6AD
TELEPHONE 0207 836 6378 FAX 0207 836 8978

APPLICATION FORM

STRICTLY PRIVATE AND CONFIDENTIAL

Please:

- Complete every section.
- Write clearly and do not forget to sign the form.
- Return the form and Autopay instruction to the address above.

BANK ACCOUNT. In the event of your application being accepted by the ABF Council, please complete the attached Autopay form. This will allow us to transfer money directly to your account & avoid any possible postal delays.

PERSONAL DETAILS

Full name:

Professional name, if different:

If your application is successful which name should we use for payments to you (i.e. which name does your bank know you by):

Address:

Phone no:

National Insurance No.

Date of birth:

Age at time of Application:

Marital Status: Married Divorced Partnered Separated Widow/er Single___

Next of Kin (Name and Address)

Number of dependent family and their ages:

Number of Non-dependent family:

If applicable, what is your partner's occupation and yearly net income:

CAREER DETAILS

Time in profession:

Date of last engagement:

Equity Membership No:

Please ensure you include a copy of a comprehensive C.V. in as much detail as possible.

INCOME FOR THE LAST YEAR

(Please state in each case whether the figure you give is for weekly, monthly or annual income.)

Total professional and other earnings:

Earnings from non-professional work:

Retirement or other state pension:

Child Benefit:

Income Support:

Housing Benefit:

Job Seeker's Allowance:

Severe Disablement Allowance:

Incapacity Benefit:

Disability Living Allowance (Care component):

Disability Living Allowance (Mobility component):

Attendance Allowance:

Any other pensions:

Net income from investments/stocks/shares:

Net income from rented property:

Net income from interest payments (including banks and building societies):

Income received from relatives or family trusts:

Income tax refund:

Income from other sources:

Are you currently receiving help or have you in the past received help, either in the form of one-off payments, regular allowances, or help with domestic bills, from any other theatrical charity?
Yes No
If yes please give details:

Are you applying to another charity at the same time as you are making this application?
Yes No
If yes, please give details:

TOTAL INCOME: £

EXPENDITURE FOR LAST YEAR

Please state in each case whether the amount you show is for weekly, monthly or annual expenditure.

Rent

What is the rent per week/month?

What is the service charge?

How much does housing benefit pay towards this?

How much do you pay towards the rent?

Are you the tenant of a private landlord or the local authority?

Mortgage

What is the mortgage payment per month?

Do you have a 2nd mortgage and if so how much is the repayment per month?

How much does income support cover?

How long does the mortgage have left to run?

Do you own any other property? If so what?

What are the service charges?

Council Tax

How much is your monthly Council tax?

Do your benefits cover all your Council tax?

Yes No

If not, how much do you have to pay?

Insurance

Household and contents:

Buildings insurance:

Life insurance:

Private medical insurance:

Domestic Bills

Electricity:

Gas:

Telephone:

Water rates:

Food bill:

Clothing:

Cleaning materials/household expenses:

TV licence:

TV rental:

Car costs

Car tax:

Car insurance:

Other car expenses:

Other

Domestic help:

Equity Subscription:

Spotlight:

School fees:

Credit card / HP payments:

Childcare costs:

Any other expenditure. Please give details.

TOTAL EXPENDITURE £

STATEMENT OF CURRENT ASSETS

Bank account:

Building society account:

Post office savings account:

All other savings and investments including national savings, stock and shares, trusts etc:

Other assets, which produce income:

STATEMENT OF CURRENT DEBTS

Bank overdraft:

Mortgage arrears:

Rent arrears:

Credit card debts:

Domestic bills:

Other debts:

HAVE YOU APPLIED TO THE ACTORS' BENEVOLENT FUND BEFORE? IF SO, PLEASE GIVE DETAILS.

I agree that the Actors' Benevolent Fund may approach another benevolent fund or charity if it appears reasonable that I may be eligible for assistance from them.

I confirm that -

1. The particulars that I have given on this application from are to the best of my knowledge true.
2. If my circumstances should change materially for the better, or if any other organisation shall give me additional assistance, I will immediately inform the Actors' Benevolent Fund.

DATA PROTECTION ACT

I understand that the Actors' Benevolent Fund holds personal data and information about me in either written or computerised form. I also understand from time to time the Actors' Benevolent Fund may be required to process this data in order to carry out its functions effectively and efficiently.

I therefore give my consent to the Actors' Benevolent Fund to process this information for the purposes of -

- my application being considered by the Council
- the Actors' Benevolent Fund staff sending my details to other theatrical charities who may be able to assist me
- the Council providing me with continuing support

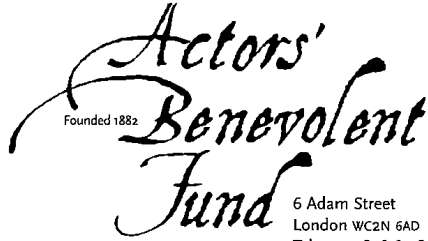
Please Note

The Actors' Benevolent Fund will only process data for the purposes set out above and will not process information to any third party (for example the Benefit Agency) for reasons other than those described above without your consent. You should also note that if at any time you wish to withdraw your consent, you may do so by writing to me informing me that such consent has been withdrawn.

Date

Signature

Patron: H.R.H. The Prince of Wales



AutoPay Request Form

6 Adam Street
London WC2N 6AD
Tel: 020 7836 6378
Fax: 020 7836 8978
E-mail: office@abf.org.uk
www.actorsbenevolentfund.co.uk

**COMPLETION OF THIS FORM SHOWS AGREEMENT
TO ALLOW US TO HOLD YOUR BANKING DETAILS
ON OUR FILES**

Please complete the form, sign it and return it to the ABF

Your name * (please print):
(*please use your banking name with any other name you use at the bottom of the form for our office use).

Banking Details:

Name of Bank

Address

.....

.....

Sort Code

Account Number.....

Equity/Other Name

(If you are regularly known by more than one surname please show this otherwise tracing you may cause difficulties here in the office!)

Signature

Date

President:
Penelope Keith, C.B.E., D.L.

Patricia Marmont
Siân Phillips, C.B.E.
Irene Sutcliffe
Jeffrey Wickham

Peter Bourke
Jemma Churchill
Tim Faulkner
William Gaunt
Alex Jennings
Dawn Keeler
Josie Kidd
Christopher Luscombe
Brian Murphy

Rosalind Shanks
Josephine Tewson
Anny Tobin
Barbara Whatley

A Company limited
by guarantee
Company Registration
No. 243374 England
Charity Registration
No. 206524
VAT Registration
No. 726 8718 01

Vice Presidents:
Katie Boyle
Richard Briers, C.B.E.
John Gale, O.B.E.
Milton Johns
Philip Lowrie

Executive Council:
Doreen Andrew
Julien Ball
James Bolam

General Secretary:
Willie Bicket

Member of the Combined Theatrical Charities