# Financial Assistance: Overseas application



### Your details

Surname:		Mr/Mrs/Miss//Ms/Other	(please state):		
First name(s):		Nationality:			
Address:		Date of birth:			
		ICE Membership Numb	er:		
		Status:			
Postcode:	Country:	🗆 Married 🛛 Single	e 🗌 Widowed		
Telephone No:		🗆 Divorced 🗆 Separ	rated 🗌 Co-habiting		
Email address:					
If you are not a member	of ICE please state your	r relationship to the memb	oer		
Your family					
□ Spouse □ Partner	Name:	Date of birt	h:		
Children under 18 y	ears old				
Name:	Date of birth:	Live at home:	Full-time education:		
		🗆 Yes 🗆 No	🗆 Yes 🗆 No		
		🗆 Yes 🗆 No	🗆 Yes 🗆 No		
		🗆 Yes 🗆 No	🗆 Yes 🗆 No		
		🗆 Yes 🗆 No	🗆 Yes 🗆 No		
Other household me	ember(s)				
Name:	Date of birth:	Live at home:	Full-time education:		
		🗆 Yes 🗆 No	🗆 Yes 🗆 No		
Please state relationship	0				

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#### **Reason for applying**

Please give a reason why you are applying to the ICE Benevolent Fund:

Do you or your partner own or drive a car?  $\Box$  Yes  $\Box$  No

### **Expenses**

Please give all financial information as monthly amounts in your local currency.

Living expenses	Monthly
Mortgage:	
Rent:	
Residential / Nursing home:	
Other essential expenditure	
Details:	Value:
Personal living expenses	
Food:	
Clothing:	
Household e.g cleaning products etc:	
Toiletries etc:	
Medical expenses <b>NOT</b> covered by insurance:	
Home help / Domestic / Maid:	
Other:	

#### Private & Confidential



Property	Monthly
Maintenance:	
Service charge:	
Gardener:	
Car / Travel	
Petrol / Diesel:	
Car Tax / Licence:	
Car repairs / Maintenance:	
Annual travel expenses (only applicable if you do not own a car):	
Insurance	
Buildings:	
Contents:	
Car:	
Medical:	

### Local charges

Rates / Local taxes:	
Refuse collection:	
PO Box:	
TV licence:	
TV rental:	
Telephone rental:	
Electricity	
Gas:	
Water charges:	
Solid fuel:	

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### Income



Earned income	Self	Partner/Spouse
Net earned income:		
All other income e.g. investment and savings interest:		
Net earned income - Other household members:		
Pension income	Self	Partner/Spouse
Occupational pension 1:		
Occupational pension 2:		
Occupational pension 3:		
Annuity:		
Other private pensions:		

### Assets

Please give all financial information in your local currency.

#### What type of property do you own?

For example - house, flat, bungalow, land.	Current value of the property
Main property (home):	
Second property:	

#### Please give balances in:

	Self	Partner / Spouse	Investment type
Bank current:			
Bank savings:			
Other bank account:			

#### **Investments - Current values**

Investment type	Self	Partner/Spouse

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## Liabilities

Please give all financial information in your local currency.

Mortgage outstanding		Mortgage end date:			
Creditor:		tanding balance:	Monthly repayment:		
How did you ICE Benevole		the			
Ben Fund email	Ben Fund newsletter	Ben Fund website	□ Ben Fund letter		
□ Google search	🗆 ICE email	□ ICE newsletter	r 🗌 ICE letter		
□ NCE article	□ NCE website	Other	□ ICE website		
Are you a member of	any other Institution	on?			
🗆 Yes 🗆 No	If yes, please stat	te which:			

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## **Declaration**

Are	you	or	any	yone	in	your	household:
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Currently receiving, or have received in the past, any assistance from another Benevolent Fund or other charity?	□ Yes	🗆 No
Currently applying, or intending to apply to another Benevolent Fund or other charity?	🗌 Yes	🗆 No
If the answer to either of these questions is yes, please give details below:		

I confirm that all the questions on this form have been truthfully anwered to the best of my ability and that all income and assets have been declared. I will inform the ICE Benevolent Fund immediately if there are any changes in my circumstances.

#### **Privacy Policy statement:**

I have read and understood the ICE Benevolent Fund's Privacy Policy. I give my permission for information supplied by me to be stored and processed as indicated in the policy and for my personal information to be shared with the ICE Benevolent Fund local visitor as appropriate.

If you have any further information that you have not already been able to submit on this form, please add it below. Feel free to add extra pages if neccessary.

Signed: \_\_\_\_ Date: \_\_\_\_ When completed please return to:

Registered Office 5 Mill Hill Close Haywards Heath West Sussex, RH16 1NY icebenfund.com

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