



**United Fire Brigades' Association**

**APPLICATION FOR BENEVOLENT FUND ASSISTANCE**

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**Required Information**

Brigade: \_\_\_\_\_

Name of affected person: \_\_\_\_\_

Rank: \_\_\_\_\_

**Situation or reason for the application**

*(for example, is the affected person – sick, suffered a bereavement, financial loss)*

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**Family Situation**

Does the affected person have a partner, children or other dependants that are reliant on them? If yes, please give details.

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**Financial Situation**

*(for example, how long has the affected person not been earning for?)*

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Has an application been made for this person or their family in the last two years? If so, please provide further details.

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**Contact Details**

Name of person completing this form: \_\_\_\_\_

Rank: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of CFO: \_\_\_\_\_

Further details can be provided on additional sheets if required.

Completed application form and additional information to be returned to:

George Verry  
Secretary  
UFBA Benevolent Fund  
PO Box 56079  
Tawa  
Wellington 5249

Email: [george.verry@ufba.org.nz](mailto:george.verry@ufba.org.nz)