



**UNITED FIRE BRIGADES' ASSOCIATION BENEVOLENT FUND
REPORT ON APPLICATION FOR ASSISTANCE**

CONFIDENTIAL (Benevolent Fund use only)

DETAIL OF APPLICATION

Surname: _____

Forenames: _____

Address: _____

Details of Service

Joining Date: _____ Rank: _____

Other Service: _____

Details of Financial Assistance Available

Savings: Yes/No Amount\$: _____

Insurance: Yes/No

ACC: Yes/No

Social Welfare or other Government Benefits: Yes/No

RECOMMENDATION (Benevolent Fund use only)

Resolved that: _____

Chairman: _____

Secretary: _____

Date: _____