QUADRING COWLEY & BROWN CHARITY

reg. no. 217099

Application form for dole / financial assistance

Mr/Mrs/Miss/Ms	First names		Surname:	
Your address including Post code : phone no.				
Your e-mail address :				
Date of birth			Age	
How long resident in Quad	Iring Parish	yea	rs & moi	nths
Who else lives at your add name : name : name :	lress :	age : age : age :	relationship : relationship : relationship :	
Have you savings & investments over £16,000 Yes / No				
Is any resident presently employed, and if so full or part time : Please provide reasons for your request for dole / financial assistance :				
Return form to: Mr. K. J. Watts, Clerk to Quadring Charities, 99 Hawthorn Bank, Spalding, Lincs. PE11 1JQ OR - kenwattsathome@hotmail.com (together with any attachments necessary)				
Applicants signature :			Date :	
Please supply your bank d YOUR name/s on the ac Name of Bank (eg.Lloy Bank sort code (6 number Account number (8 number	count - ds) - ers) -	ent that you	ır application is su	ccsessful :