



LADY GROVER'S FUND

Mountbarrow House, 6-20 Elizabeth Street, London SW1W 9RB
Email: secretary@ladygrover.org.uk Tel: 020 7808 4180

Nursing, Hospital and Home Help for Officers' Families

FORM OF APPLICATION FOR MEMBERSHIP

1. First Name: Initials: Last Name:

2. (a) Rank: Service: Service No:
(b) Qualification for membership:
(c) Date of birth: / / (d) Corps/Regiment:

3. Names, relationship and dates of birth of dependants eligible for benefit :-

| Name & Initials | Relationship | Date of birth |
|-----------------|--------------|---------------|
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4. Do you expect to submit a claim to the Society in the foreseeable future? *

YES/NO – If yes please state reason: _____

*Non-disclosure of a material fact may affect the benefits payable. If you are in any doubt as to whether a fact is material, you should disclose it. *Please note that you will not be able to claim from the Fund within six months of your enrolment into the Fund.*

5. Permanent Address:

Email:

6. I hereby apply for membership of Lady Grover's Fund and understand that this Application forms the basis of the contract between myself and the Fund. A copy of this is available on request.

Date:

Signature:

Data Protection Act. The information you have provided on this form will be held by the Fund to set up and administer the contract for which you are applying. This Fund will not use this information for any other purpose. This Fund is authorised and regulated by the Financial Services Authority.



PLEASE COMPLETE AND POST THIS FORM, TOGETHER WITH THE DIRECT DEBIT MANDATE FOR PAYMENT OF SUBSCRIPTION, TO THE SECRETARY.