

5. OCCUPATION	SELF	SPOUSE/PARTNER	OFFICE USE ONLY			
State present occupation						
If self-employed:	Please provide a copy of your latest accountants					
If unemployed are you actively seeking work?	No/Yes If 'Yes' please attach CV	No/Yes If 'Yes' please attach CV				
If No, give reasons (e.g. permanent incapacity)						
Name and address of current Employer From:						
Previous employment history From: To:						
6. OTHER PROFESSIONAL/SERVICE ORGANISATIONS Additional assistance may be available from other professional or Service Organisations						
	SELF	SPOUSE/PARTNER				
Are you a member of any other Trade/professional body apart from ICAEW?						
Have you served with the Armed Forces?	Yes/No	Yes/No				
If not UK Forces, give the Nation's name						
7. ACCOMMODATION - Please indicate by circling as appropriate						
Do you live in a:	House	Bungalow	Flat	Residential/Nursing Home	Other—specify	
Is the property:	Freehold	Leasehold	Detached	Semi-Detached	Terraced	Other-Specify
Are you:	Owner	Tenant		Living with Relatives/Friends	Other—specify	
If you own the property, please indicate the state of repair:		Good	Fair	Poor		
Year Built:	Approx value of Property		No. in household			
Please indicate the number of rooms in your home:		Reception	Bedrooms	Bathrooms	Garages	
GIVE FULL DETAILS OF:					Local Currency	
(a)	Rent payable per month					
(a)	Ground rent and/or service charges per year					
(c)	Mortgage capital outstanding					
(d)	Mortgage payment per month					
(e)	Mortgage Interest Rate%					
(f)	Have you discussed reduced payments with your mortgage company ?				Yes/No	
(g)	Bonds/Property Insurance per month					
(h)	Property Taxes per month					
(i)	Fuel—electricity/gas/oil Please state per month					
(j)	Water/Sewage rates/charges per month					
(k)	Telephone charges per month					
(l)	Medical Insurance. Please specify level of policy per month					
(m)	Food costs per month					
(n)	Other household, or living expenses per month that you would like us to consider eg. clothing, property repairs etc. Please continue on separate sheet if applicable.					
(o)	Motoring costs per month	Tax	Insurance	Fuel		

8. BANK AND OTHER ASSETS		TYPE OF ACCOUNT		SELF	SPOUSE/PTNR	OFFICE USE ONLY
(a) Bank Name		e.g. Current, 30 day Deposit		Balance	Balance	
(b) Building Society Name				Balance	Balance	
(c) Any Other Account		e.g Ordinary, Investment etc		Balance	Balance	
(d) Savings Certificates						
(e) Premium Bonds						
(f) Other Savings		e.g Income Bonds, Capital Bonds		Amount Held	Amount Held	
(g) All other Capital (Bonds/Deposits/Stocks/Shares/Equities/Options/Saving Schemes etc). Please give details of the name, number held, annual income/dividend, market value and any options for all stocks and shares held by you or your partner.						
TYPE		COMPANY		AMOUNT HELD	SELF	SPOUSE/PTNR
(h) The value and location of any other land or property that you or your partner own						
(i) Any Legacies or Premium Bond/Lottery Winnings etc						
(j) Any other assets not shown above (including land, boat, caravan, artwork etc)						
(k) No of cars in Household:		Do you hold a valid Driving Licence? Do you maintain a car?		Yes/No Yes/No	Yes/No Yes/No	
1)	Make	Year	Mileage	Value		
2)	Make	Year	Mileage	Value		
9. DISPOSAL OF ASSETS - Give details of any Assets (including cash and property) over £5,000 disposed of, or transferred, in the past 15 years						
RECEIPIENT		DETAILS		DISPOSAL DATE	SELF	SPOUSE/PTNR
10. DEBTS—Other than primary mortgage. Specify any arrangements made with lender						
LENDER		DATE	PURPOSE	PAYMENT	AMOUNT OUTSTANDING	
					SELF	SPOUSE/PTNR

12. CHILDREN This section must be completed in ALL cases. Please include all your children and those of your spouse/partner					
	1	2	3	4	5
First name and other initials					
Surname					
Date of Birth					
Relationship to you					
Are they living with you?					
Occupation					
Their income					
Do they contribute to you/the household? Amount per week					
If not living with you, do you contribute to their maintenance? Amount per week					
If still at school, College or University					
Border or day pupil					
Fees per term (if any)					
Education grants/scholarships					
Contribution to fees/costs from Relatives Grants/Scholarships Charities Other (specify)					
College or University Attended					
Course/s studied					
Duration of course/start date					
Health					
13. HOUSEHOLD Excluding the children above, include all those living with you, i.e. lodgers, friends, relatives					
First name and other initials					
Surname					
Date of Birth					
Relationship to you					
Occupation					
Marital Status					
Their income (Excluding lodgers)					
Their contribution to you/the household					
Health					
14. MAINTENANCE To whom paid and the amount	Relationship:				
15. OTHER LIVING RELATIVES	SELF	SELF	SELF	SPOUSE/PTNR	SPOUSE/PTNR
First Name and other initials					
Surname					
Relationship to you					
Date of Birth					
Occupation					
Marital Status					
Telephone No.					
Nearest Town					
Are they able to help you financially?					
Do you help them financially?					
Health					

16. CONTACTS

Please give the details of someone (a neighbour, friend or relative), that we could contact ONLY in exceptional circumstances.

Name:

Address:

Telephone Number:

Relationship to you:

17. ADDITIONAL INFORMATION

Please use the space below to provide any additional information you would like us to consider or to indicate any changes in your circumstances that have recently occurred, or which are likely to occur within the next few months.

18. BANK DETAILS

CABA will make payments directly into your Bank Account. Please provide the details below.

Name of Bank			
Address of Bank			
Building Society Ref No.		(If applicable)	
Account Name		(The name or names printed on your cheque book)	
Sort Code		(Normally 6 digits at the top right of your cheque book)	
Account No.		(Normally 8 digits on the bottom line of your cheque book)	

19 PENSION ARRANGEMENTS

Please give the details of any occupational pension schemes or widow/widower/partner pension entitlements that you or your spouse/partner will be entitled to and the minimum age at which this can be taken. Please also give details of any private/personal or self employed pension funds that you or your spouse/partner may be entitled to, the fund value and the minimum age at which this may be taken.

20 DECLARATION—In the case of an application for a couple, both parties are to sign below

I/we hereby declare that all questions on this form have been truthfully answered and that all financial details are correct. Where I/we have provided details or information about my spouse, partner, children, dependants, etc., I/we confirm that I/we have done so with their consent.

I/we consent to the association staff and volunteers including Referee/Visitors, processing and storing the data provided on this form or contained in any communication from me or from those approached under the consent given below. I/we permit the disclosure of this data to Referees/Visitors and to other charities or professional bodies who, in the sole discretion of the Association, may be thought to be able to provide assistance to me or my household and family members. I/we also consent to the staff of these organisations processing and storing the data disclosed to them.

If the Chartered Accountants' Benevolent Association considers it necessary to approach my/our Local Government Offices, Bankers or Welfare Office regarding my financial position, or Social Worker or Carer regarding my/our health, I/we hereby authorise such approaches. I/we understand that CABA will endeavour to advise me/us of its intention to make any such approaches or disclosures, prior to doing so.

I/we undertake to inform CABA immediately of any changes in my/our circumstances.

Signature _____ Signature _____ Date _____

If the applicant did not complete the form, please provide your details

Name _____ Telephone No. _____
 Address _____ Your relationship to applicant _____
