



Registered Office:- 67/68 Long Acre, Covent Garden, London WC2E 9FA

FORM OF APPLICATION FOR CHILD BENEFIT

To the Secretary of: _____ Branch. Date: _____

Name of Member: _____ Registration Number: _____

Member's date of birth: _____

Normal occupation: _____

I would like to register my child under the scheme as completed below.

I wish to apply for the 'baby bonus' *: Yes No

*The baby must be born on or after 1/7/04 and you must have a minimum of 12mths membership prior to the birth

(1) Child's full name _____

(2) Birth / Adoption of my child, which occurred on: _____

(3) Child's gender Male Female

(4) Relationship to child _____

(5) Will the child be living with you? Yes No

(6) If no, with whom and where will the child be living?

Name _____ Relationship to Child _____

Address _____

(7) Signature of claimant _____ Print name _____

Address _____

FOR HEAD OFFICE USE ONLY

Benefit payable: _____

Reference number: _____

NOTE: This form must be forwarded to Head Office together with an appropriate copy of the **Full Birth Certificate and Adoption Certificate (if applicable).**