**British Association of Former United Nations Civil Servants (BAFUNCS) Benevolent Fund**

**Application for assistance (in strictest confidence)**

1. **Personal details of beneficiary** *[see note 1]*

**Name:** …………………………………………………………………………………………………………………………..…………………….…………….

**Date of birth:** Day**:**………………. Month:……………………….. Year:…………………………….

**Email address**:………………………………………………………………………………………………………………………….……..…………………

**Primary telephone no:** …………………………………………………………….……….…………………

**Alternative telephone no:** …………………………………………………..………………………………

**Address:**………………………………………………………………………………………………………………………………….…………………………

………………………………………………………………………………………………..Post code:………………………..………………..

1. **Details of United Nations employment: organization, dates of service, where and when?** *[see note 2]*…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
2. **Are you a member of BAFUNCS?** Yes [ ] No [ ]

1. **If you do not currently live in the United Kingdom (UK) what is your connection to the UK?** *[see note 3]*……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..
2. **Are you applying for a grant or a loan?** *[see note 4]* Grant [ ] Loan [ ]
3. **For whom is this grant or loan requested?** *[see note 5]*
4. Former UN employee [ ]
5. Their spouse [ ] OR c) Their dependant [ ]

Give the name of the former UN employee if not given in section 1:

………………………………………………………………………………………………………………………………………………………………..

1. **Amount of grant/loan requested** *[see note 6] £………………….*
2. **Purpose of grant or loan** *[see note 7]*

…………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………..………………………………………

1. **Please explain why costs cannot be met from other sources** *[see note 8]*  
   …………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………..…………………

1. **Signature of applicant** *[see note 9]***:** ……….……………………………………………………………………………………………………

OR

**If you are applying on the beneficiary’s behalf, please give your:**

Name:…………………………………………………………………………………………………………………………….……………………

Signature: ……………………………………………………………………………………………………………………………………………..

Relationship to beneficiary: …………………………………………………………………………………………………………………..

Contact details: ……………………………………………………………………………………………………………………………………..

1. **Date:** ……………………………………………………………………..

1. **Comment from the BAFUNCS Regional Member Support Advisor (optional)** *[see note 10]*

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**May the Trustees approach the BAFUNCS Regional Member Support Advisor for more information?**

Yes [ ] No [ ] Not applicable [ ]

Regional Member Support Advisor’sname: …………………………………………………….

***Applications to the BAFUNCS Benevolent Fund for a grant or loan are treated as confidential. The information provided by applicants is seen only by the Trustees and is not made available to others. Please tick the box to indicate that you have read and understood this policy.***  
**Please append additional pages and supporting documents as required.**

Please return the completed and signed application form to the Secretary of the BAFUNCS Benevolent Fund: Joanna Tempowski, email: [benevolent.fund@bafuncs.org](mailto:benevolent.fund@bafuncs.org); by post: 31 Twining Avenue, Twickenham, TW2 5LL.