

Employee ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Over 75’s TV Licence Grant Application Form**

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|  |
|  | **1. About the former employee** |  |
| Title | First Name | Surname |
| Address |  |
| Postcode |  |  |  |  |  |  |  |  |  |
| Home telephone number *(include dial code)* |  | Mobile number |  |  |  |  |  |  |  |
| Email address |  |
|  |
| NI Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Date of Birth*dd mm yyyy* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Dates ofEmployment | From To*You may need to provide evidence of this if your employment record is not held on our database* |
| Place/Department | *Where did you last work?* |
|  |
| **2. Who is the licence holder?** ***Please tick relevant box and include all documents requested.*** |
| Former Employee |  |  | Spouse or Partner*Provide copy of marriage certificate (if not previously supplied),* ***and*** *proof of co-habitation-current official letter/statement etc evidencing address of spouse* |  |  | **What is the renewal date of TV Licence?****Attach copy of reminder or previous TV Licence** |  |
| **2.1 Licence holder details if NOT the former employee** |
| Title | First Name | Surname |
| Address *(if different the former employee)* |  |
| Postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home telephone number *(include dial code)* |  | Mobile number |  |
| Email address |  |
|  |  |
| NI Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Date of Birth*dd mm yyyy* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |
|  |  |
| We will use the information you have supplied on this form to process your application and update the Trustees’ records. Your personal details will not be disclosed by us to any third parties without your consent. You can view the Privacy policy in full at www.bailythomasprovidentfund.org.uk or you can request to be sent a printed copy. |
|  |
|  | **4. Declaration** |
| * I declare the information I have provided in this form is, to the best of my knowledge, accurate and true.
* I understand that the information I have provided will be used to process this application and to update beneficiary records.
* I understand that to comply with the legal reporting obligations for trustees, basic personal information will be disclosed to HMRC for inclusion on the Trust Register.

 * I agree to the terms of the Privacy Policy (available on our website).
 |
| Your Signature (applicant) |
| Date *dd mm yyyy* |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Your completed form should be returned to:** **Baily Thomas Provident Fund,****Mansfield Business Centre****Ashfield Avenue****Mansfield****Nottinghamshire. NG18 2AE****If you have any queries, please contact us:** Telephone: 01623 473290Email: enquiries@bailythomasprovidentfund.org.uk Web: [www.bailythomasprovidentfund.org.uk](http://www.bailythomasprovidentfund.org.uk) |
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