## COMMUNICATIONS WORKERS' UNION CHILDRENS' BENEFIT SCHEME FORM – CLAIM FORM



## PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

GUARDIAN'S NAME									MOBILE												3
HOME ADDRES																					ex.
Branch Secreta																					<del>8</del> 8
MEMBER'S NAME									STAFF NO												
BANK DETAIL		e acco	ount fo	r payr	nent	t, ple	ase ii	nclua	le th	e info	orm	atio	n on	a se <sub>l</sub>	oara	te po	ıge(s,	)			
NAME OF BAI	NK:	54						_									_ PL	.EAS	E PR	INT	
NAME ON AC																					
IBAN:																					
ACCOUNT NO	:	9										so	RT (	COD	E:						
I wish to claim	from th	ie Ch	ildren	's Ber	nefit	Sch	eme	for	the	child	l(rei	n) n	ame	d be	low						
FULL NAME(S) OF CHILD(REN)										DAT	ΓE(S	5) OF	BIR	RTH							
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DATA PROTECTION The information Scheme and will the form below.	collect																				
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