



BRITISH MALAYALI CHARITY FOUNDATION

Regn No. 1150804

www.bmcharity.org

email: charity@britishmalayali.co.uk

Application for Charity Benefit

(Application can be filled in English / Malayalam)

1	Name of the Applicant / Organisation/Sahaya Samithi	
2	Full Address of the Applicant / Organisation/Sahayasamithi (include telephone / email)	
3	Responsible contact person / Nominee (Address with contact details and state the relation to the applicant)	
4	Summary of Cause / Purpose of Application (Attach - a write up in Malayalam, any supporting docs; photographs, medical reports, identification /address proof) Use additional sheets as required.	
5	Expected total financial cost of the treatment / fund for the cause	
6	Financial status (Main income & other source of income of the family/ organisation)	
7	Other Grants / Money received by the applicant for the same cause	
8	Name, Account and Swift code: (Nationalised Bank if in India)	
9	Relation to any of the BMCF Trustees	
10	Declaration: I/We hereby declare that the information given in this application is true and correct. I/We kindly request British Malayali Charity Foundation (BMCF) Trustees to consider this case for financial support. I/we abide by the policy, procedure, BMCF constitution and any decisions by the Trustees make on my case. I/We also hereby declare that I/We have no objection in publishing the news related to my application in 'British Malayali' news, BMCF website and any other social/visual/printed medias. I/We undertake to inform that I/We will be providing further information to trustees about the disbursement of the funds received including the progress of treatments/situation of the end user/dependants from time to time as and when requested by the office bearers/trustees in order to enable BMCF to publish in the above news/medias. If financially supported, I/We undertake the responsibility to inform BMCF the details of the money spent within 30 days of the transaction.	

Applicant's Name, Sign and Date:

FOR BMCF OFFICE USE ONLY:	
Reviewed and Verified by: Enquiry form Ref No.	
Approved for fund raising (Chairman/Secretary/Treasurer) (Name, Sign and Date)	
Fund hand over / Case Close-out details: (Money collected, who and when handed over, any expenses, Balance status etc.)	
Fund hand over / Case Close-out Reviewed by:	
Post fund handover monitoring and Final Sign-Off (Chairman/Secretary/Treasurer) Sign and Date:	