**BRITISH MALAYALI CHARITY FOUNDATION**

Regn No. 1150804

www.bmcharity.org

email: [charity@britishmalayali.co.uk](mailto:charity@britishmalayali.co.uk)

**Application for Charity Benefit**(Application can be filled in English / Malayalam)

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| 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: | |

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| **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: |  |