

Benevolent Fund

KENT POLICE BENEVOLENT FUND	
Force number:	
First Names :	
Surname:	
Date of birth:	
Contact Details:	
Address:	
Telephone:	
Home:	
Station:	
Mobile:	
Date of Joining Kent Police:	
I Hereby apply to join the above fund.	
I agree to pay the contributions as laid down in the Rules of the Fund or as amended by such rules and agree to the deduction being taken directly from my monthly salary.	
I agree to my personal data being processed in accordance with the Benevolent Funds' privacy notice. www.kpbf.org.uk	
For the purposes of the death grant I would like to name my beneficiary as:	
Name:	
Relationship to me:	
Signed:	Do you also wish to subscribe to FLINT HOUSE? This is a separate deduction which will be taken from your salary in addition to your Benevolent Fund donation.
	i una donation.
Date:	YES / NO