

The CPA Benevolent Fund Application Form

1. Personal Details	(Block Capitals)	OFFICE USE ONLY
(a) Surname		
(b) First Names		
(c) Full Postal Address		
(d) Telephone Number	Day: <input style="width: 100px;" type="text"/> Evening: <input style="width: 100px;" type="text"/>	
(e) Email Address	<input style="width: 100%;" type="text"/>	
(f) Date of Birth	Day: <input style="width: 50px;" type="text"/> Month: <input style="width: 50px;" type="text"/> Year: <input style="width: 50px;" type="text"/>	
(g) Marital Status i.e. single/divorced	<input style="width: 100%;" type="text"/>	
2. Spouse/Partner	<i>(If married or living with partner - give details below)</i>	
(a) Name	<input style="width: 100%;" type="text"/>	
(b) Address (if different from above)	<input style="width: 100%;" type="text"/>	
(c) Date of Birth	<input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>	
(d) Relationship	<input style="width: 100%;" type="text"/>	
3. Membership of The Institute	FCPA <input type="checkbox"/> CPA <input type="checkbox"/> Student <input type="checkbox"/>	
(a) Name of Member or Former Member	<input style="width: 100%;" type="text"/>	
(b) Membership Number	<input style="width: 100%;" type="text"/>	
(c) Membership Status	<input style="width: 100%;" type="text"/>	
(d) Your relationship to the Member	<input style="width: 100%;" type="text"/>	
4. Health	<i>Give full details of health and any incapacity</i>	
(a) Yourself	<input style="width: 100%; height: 100px;" type="text"/>	
(b) Spouse/Partner		
<i>(If space provided is insufficient for any reply, full details should be given on a separate piece of paper)</i>		

5. Accommodation - Please indicate by ticking the appropriate boxes:

Do you live in a: House Apartment Flat Residential/Nursing Home Other (specify)

Is the property: Freehold Leasehold Detached Semi-Detached Terraced Other (specify)

Year Built: Value of Property:

Are you the: Owner Tenant Living with Relatives/Friends
Other (please specify) No. in Household:

Please indicate the number of rooms in your home: Reception Bedrooms Bathrooms Garage/s

If you own the property, please indicate the state of repair: Good Fair Poor

6. Please give full details of your monthly expenses:

	€
(a) Rent payable per month	
(b) Mortgage Repayments per month	
(c) Mortgage capital outstanding	
(d) Have you discussed reduced payments with your mortgage company?	
(e) Ground rent &/or maintenance charges per month	
(f) Bonds/Property Insurance per month	
(g) Local Authority Service Charges per month	
(h) Fuel - (electricity/gas/oil etc.) Please specify <input type="text"/>	
(i) Medical Expenses per month (net of State refunds)	
(j) Medical Insurance. Please specify level of policy	
(k) Motoring costs pm: Tax: <input type="text"/> Insurance: <input type="text"/> Fuel: <input type="text"/>	
(l) Telephone charges per month	
(m) Food costs per month	
(n) Other household expenses per month. Please specify, using a separate sheet of paper if necessary	
(o) Any other living expenses per month. Please specify, using a separate sheet of paper if necessary	
(p) Any other expenses you would like us to consider. Please specify, using a separate sheet of paper if necessary	

(If space provided is insufficient for any reply, full details should be given on a separate piece of paper)

7. Bank and Other Assets			Self	Spouse/ Partner	For Office Use Only
(a) Bank Name	Type of Account (e.g. Current, 30 Day, Deposit etc.)				
(b) Building Society Name	Type of Account				
(c) Post Office Accounts	Type of Account (e.g. Ordinary, Investment...)				
(d) Savings Certificates					
(e) Prize Bonds					
(f) National Savings	Type of Account (e.g. SSIA's etc.)				
(g) Total of all other Capital (Bonds/Deposits/Stocks/Shares/Equities/Options/ Saving Schemes etc.) Please give details of the name, number held, annual income, dividend, market value and any options for all stocks and shares held by you or your partner.					
Type	Company	Dividends	Self	Spouse/Ptnr	
(h) The value and location of any other land or property that you or your partner own					
(i) Any Legacies or Lottery Winnings etc.					
(j) Any other assets not shown above (including land, boats, caravans, artwork etc.)					
(k) No. of Cars in Household <input type="text"/>					
Do you hold a valid Driving License?			Yes/No*	Yes/No*	
Do you maintain your car?			Yes/No*	Yes/No*	
1) Make	Year		Mileage	Value	
2) Make	Year				
8. Disposal of Assets - Give details of any Assets (Including cash and property) Over €8,000 disposed of, or transferred in the past 5 years.					
Date of Disposal	Details	Recipient	Self	Spouse/Ptnr	

9. Debts Other than primary mortgage (Specify arrangements made with your lender)		Amount Outstanding	
Date of Loan	Lender	Purpose	Arrangement for Payment
Have you taken the advice of a debt counsellor?		Yes/No	Yes/No
<i>(If space provided is insufficient for any reply, full details should be given on a separate piece of paper)</i>			
10. Occupation		Self	Spouse/Ptnr
(a) State present Occupation			
(b) If self-employed		Please provide your last	Set of account
(c) If unemployed are you actively seeking work?			
(d) If No, give reasons (e.g. retired, permanent incapacity)			
(e) Name and address of current employer			
(f) Date employed from			
(g) Previous employment history From - To			
11. Other Professional/ Service Organisations Additional assistance may be available from other professional or Service Organisations		Self	Spouse/Ptnr
Are you a member of any other trade/professional body apart from CPA?			
12. Income. State full details of your income from all sources and give figures before deduction of income tax, PRSI, etc.		Self Nominated Currency	Spouse/Partner Nominated Currency
(a) Salary or earnings Stage GROSS amount. If in practice, send accounts.	Per week or per month or per year		
(b) Pensions Gross Weekly Amount	Occupational pensions State pensions Annuities		
(c) Are you entitled to any assistance from the state?		Yes/No*	Yes/No*
Please list below details of any State assistance or income not shown above		Self Nominated Currency	Spouse/Partner Nominated Currency
(d) State Welfare Assistance			
(e) Child Allowances			
(f) Housing Costs			
(g) Assistance from Family and/or Friends			
(h) Income from any other property Rent receivable		Gross per week Expenses per week	
(i) Other Charities			
(j) Any other source			

13. Children		This section must be completed in ALL cases Please include all your children and those of your spouse/partner				
	1	2	3	4	5	
First Name and Other Initials						
Surname						
Date of Birth						
Relationship to you						
Are they living with you						
Occupation						
Do they contribute to the household?	Amount per week					
If still at school, college or university						
Boarder or day pupil						
Fees per term (if any)						
Education grants/scholarships						
Contribution to fees/costs from: Relatives						
Grants/Scholarships						
Charities						
Other (Specify)						
Health						
14. Household		Excluding the children above, include all those living with you, including Lodgers				
First Name and other initials						
Surname						
Date of Birth						
Relationship to you						
Occupation (past occupation if retired)						
Marital Status						
Their income (excluding Lodgers)						
Contribution to you/the household						
Health						
15. Maintenance		To whom paid and the amount:			Relationship:	
16. Other Living Relatives (e.g. father, mother, brother, sister, who will not be contacted without your authority)		Self	Self	Self	Spouse/ Partner	Spouse/ Partner
First Name and other initials						
Family Name						
Date of Birth						
Relationship to you						
Occupation						
Marital Status						
Telephone Number						
Nearest Town/City						
Are they able to help you financially?						
Do you help them financially?						
Health						

17. Bank Details

(CPA Benevolent Fund may make payments directly into your Bank Account. Please provide the details below.)

Name of Bank		
Address of Bank		
Building Society Ref Number		(If applicable)
Account Name		(The name or names printed on your cheque book)
Sort Code		(Normally 6 digits at the top right of your cheque book)
Account Number		(Normally 8 digits on the bottom line of your cheque book)

18. Pension Arrangements

Please give the details of any occupational pension schemes or widow/widower/partner pension entitlements that you or your spouse/partner will be entitled to and the minimum age at which this can be taken. Please also give details of any private/personal or self employed pension fund that you or your spouse may be entitled to, the fund value and the minimum age at which this may be taken.

19. Declaration

I hereby declare that all questions on this form have been truthfully answered and that all financial details are correct. Where I have provided details or information about my spouse, partner, children, dependents etc., I confirm that I have done so with their consent.

I consent to the CPA Benevolent Fund processing and storing data provided on this form or contained in any communication from me or from those approached under the consent given below. I permit the disclosure of this data to state agencies or other charities or professional bodies who, in the sole discretion of the CPA Benevolent Fund, may be thought to be able to provide assistance to me or my household and family members. I also consent to the staff of these organisations processing and storing data disclosed in them.

If the CPA Benevolent Fund considers in necessary to approach my Local Authority, Bankers or State agency regarding my financial position, or Social Worker or Carer regarding my health, I hereby authorise such approaches. I understand that the CPA Benevolent Fund will endeavour to advise me of its intention to make any such approaches or disclosures, prior to doing so.

I undertake to inform the CPA Benevolent Fund immediately of any changes in my/our circumstances.

Signature: Date:

If the applicant did not complete the form, please provide your details below:

Name:	Address:
Telephone Number:	Relationship to Applicant:

20. Contacts

Please give the details of someone (a neighbour, friend or relative), we could contact only in exceptional circumstances

Name			
Address			
Telephone Number			
Relationship to You			

21. Additional Information

Please use the space below to provide any additional information you would like use to consider or to indicate any changes in your circumstances which have recently occurred, or which are likely to occur within the next few months.

(If space is insufficient, please continue on a separate piece of paper)

Signed:		Date:	
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Please return this completed form to:

Secretary
The CPA Benevolent Fund
 17 Harcourt Street,
 Dublin 2, D02 W963

Company Number: 327071
 Registration Charity Number: 20042615

Tel: +353 1 425 1012

Data Protection

The CPA Benevolent Fund (Fund) will treat all personal information and data you provide as part of this application as confidential and store it securely. Any information provided will be used and retained, solely for the purposes of processing the application. The personal information you have given will not be disclosed (shared) to other people or organisations unless permission has been given by the person to whom the information relates or the Fund is required to do so by law.

The Fund will process your details in accordance with its obligations under the Data Protection Acts and Regulation (EU) 2016/679 General Data Protection Regulation (GDPR). This includes taking all reasonable steps (including appropriate technical and organisational security measures) to protect personal data.