

PRIVATE AND CONFIDENTIAL

GroceryAid, 2 Lakeside Business Park,
Swan Lane, Sandhurst, GU47 9DN
t. 01252 875925 (option 1)
e. welfare@groceryaid.org.uk



GroceryAid Covid-19 Fund Bereavement Grant Application

Applicant title _____ First name _____ Last name _____
Date of birth _____ Email address _____
Address _____
Postcode _____ Phone _____

Details of deceased

Full name of deceased _____
Date of birth _____ Date of death _____
Your relationship to the deceased _____
Death Certificate number _____

- Please attach a copy of the death certificate

Employment details and evidence

Name of person who has grocery service _____

Name of Grocery company	Job title	From	Until

- **Employed at time of death – evidence last three months service**
Please attach evidence of employment such as last three months payslips (must show employer name), last three months bank statements showing employer payments or a letter from employer confirming length of service.
- **Not working in grocery at time of death – evidence ten years service**
Please attach evidence of employment eg a letter from the employer confirming length of service or ten years of P60's (must show employer name).

Does the deceased have a death in service benefit? Yes No

Bank details - If successful GroceryAid will pay a grant into your bank. Please provide details of your account:

Account name _____
Account number _____ Sort code _____
Building society ref (if applicable) _____

I agree to this form and attachments being held in the Charity's database for a sole use to process this and any future applications. The Charity is committed to ensuring that all data is held in accordance with the EU General Data Protection Regulation, 2018. The full privacy policy can be found on the website: www.groceryaid.org.uk. Please refer to this policy for further details.

I agree Yes No

Your signature _____ Date _____