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| **MAUK | Request for Financial Assistance Form**Please fill in the questions relevant to your request |
| 1 | Name of Person requesting assistance(Main Contact) |  |
| 2 | Name of Organisation(If applying on behalf of an organisation) |  |
| 3 | What type of organisation are you, i.e. charity, Panjayath, statutory body? |  |
| 4 | Registration number of the organisation |  |
| 5 | Correspondence address |  |
| 6 | Main contact’s telephone number |  |
| 7 | Main contact’s email id |  |
| 8 | Name of second contact |  |
| 9 | Telephone number of second contact |  |
| 10 | Email id of the second contact |  |
| 11 | Number of Beneficiaries  |  |
| 12 | Geographical area of Beneficiaries (i.e., Village, Town, District, State) |  |
| 13 | Name of the Beneficiary (Single beneficiary appeal only) |  |
| 14 | Address of beneficiary(Single beneficiary appeal only) |  |
| 15 | Telephone number of the beneficiary(Single beneficiary appeal only) |  |
| 16 | Email id of the beneficiary(Single beneficiary appeal only) |  |
| 17 | Total amount needed |  |
| 18 | How much have you raised so far? |  |
| 19 | How did you raise this amount? |  |
| 20 | Amount requested from MAUK |  |
| 21 | Which other sources have you made this request to |  |
| 22 | Full name shown on the bank account to which the money is to be paid |  |
| 23 | Bank Name  |  |
| 24 | Account Number |  |
| 25 | Sort Code (if applicable) |  |
| 26 | ISFC code |  |
| 27 | What type of account is this? (Please tick) | Personal | Statutory Body | Charity | Company | Other (Specify) |
| 28 | For what reasons are you requesting financial assistance from MAUK? |
| **Important Notes:**1. All requests for financial assistance from MAUK must accompany this form fully completed.
2. Estimated invoice within a variation of 10 percent or £100 must be submitted with this form for any items or services to be purchased.
3. Additional supporting documents (such as medical report, supporting statements, etc) verifying your request will be needed before any fund is released.
4. Personal appeals for medical reasons must accompany a confirmation letter of treatment and a breakdown of the total cost involved by the treating doctor.
5. Completing this form does not guarantee you financial support from MAUK.
6. We do not issue personal cheques or transfer money into a personal account, if the request is made on behalf of an organisation or a statutory body.
7. Original receipts of all items purchased must be submitted.
8. Beneficiaries must be treated in an utmost dignified manner. Condescending, degrading, inhumane, insulting, discriminative terms and phrases must not be used by any parties towards or when describing potential beneficiaries.
9. All publicity materials used must be purposeful, respectful and positive.
10. Photos and videos taken of the beneficiaries must be with their full consent, taken without any pressure or misleading promises.
11. When taking photos and videos of the beneficiaries, MAUK prefers it to be taken is an angle which will not reveal the identity of the beneficiaries.
12. If your request is partly or fully granted, MAUK reserves the right to use all photos, videos, communication etc. to raise awareness and publicity purposes.
13. MAUK reserves the right to set up a crowd funding page on behalf of the beneficiaries.
14. We do not consider application for religious or political causes.
15. MAUK or the beneficiaries of the fund must not be used to gain publicity for political or religious causes.
16. By completing and returning this form in any format and medium, it is understood that the person requesting the assistance, and or the beneficiary has agreed to abide by the terms and conditions stipulated in this document. Failure to abide by the terms and conditions set out in this document may result in MAUK taking legal action to recoup the money granted and any costs.
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