SKIPTON FU

 Category
 (Eileen

 Skipton
 Trust/Hae
 Co

 Fund
 mophiliac
 infected
 Country of Salutation Forename Surname
 Vendor
 Vendor
 Vendor

 Applicant
 /Macfarla
 with HIV?
 infection
 Salutation Forename Surname
 Address Address Address

 ID
 ne
 (Yes/No)

 infection

 infection

Skipton Fund Applicant ID Name of d-Date of de:Salutation Forename Surname Relation Country of Address lirline 2

CAXTON HE

								Date of	
								Death (of	
								deceased	
								partner if	
	Consent	Date						а	
	to share	registered	Skipton	Payment	Payment			bereaved	
	data	with	Stage 1 or	date of	date of	Haemophi		partner or	
Ref.	received?	Caxton	2?	Skipton 1	Skipton 2	lia?	Suffix	spouse)	Salutation

MFET HEAD

Suffix consent back Salutation

Membership No.

First name

Middle names

Surname

1st line of address

3rd line

2nd line

1st line of address Membership No. Middle names Widowed = W consent rec. First name Salutation Surname 2nd line Suffix

MACFARLA

ND HEADINGS

Vendor Address - 4	Vendor Address - 5	Vendor Address - Postcode	Date of birth	Payment amount 1)	-			Total lump sums paid
					c. 4.00			Total lump sums paid
line 3	line 4	line 5	postcode	Data conse	Stage 1 £2	(Stage 2 £5	(Bereavem	
						Payment	-	
						amount 2) £50,000 .	-	
						For applicants	where the	2
						- uppricants	130,000	

						FOr	where the	
						applicants	£50,000	
Vendor	Vendor	Vendor				who	was paid	
	Address -		Date of	Payment	Payment	qualified	in two	Total lump sums
4	5	Postcode	birth	amount 1)	date 1)	before 10	lump	paid
4	5	FUSICOUE				January	sums, this	
						2011 this	is the date	:
						was paid	that the	
						as 2 lump	first	
						sums of	£25,000	
						£25,000	was paid	

ADINGS

middle Forename name (if Surname Address1 Address2 Address3 Address4 Postcode PB) DofB s known)

Beneficiary (W or

INGS

4th line

Postcode

country of infection

Sage 1

Stage 2

Consent with Skip

Monthly/quarterly (paid on 15th) quarterly paid in advance (April, July, October, Jan)

Vendor Name

NE HEADINGS

3rd line 4th line 5th line Postcode DOB DOB Skipton 1 Skipton 2 Skipton 2 New Bracket

WITN4507021_0006

Notes

Dof B of deceased	passed	Infected PB who has since passed	Monthly Regular payment amount for 2017/18 (paid on 1st month)	Regular payment banding in	less than (not including DLA/AA/P	those getting reg pay VENDOR	Bank details for those getting reg pay BANK	those getting reg pay SORT	Bank details for those getting reg pay
PB	away	away	month)	2017/18	IP)	NAME	NAME	CODE	ACCOUNT

Bank Name

EFT Bank Account

EFT Bank Code

Building Society Roll No

Current rate (paid on 15th of month)

Child Supplement (paid on 15th of month)

MSPT1

date received

MSPT2

date

Date of death of deceaed partner

DOB of deceased partner

first name of deceased p

Surname of d

WITN4507021_0009

WITN4507021_0010

Bank details for those getting reg pay ROLL NUMBER Date of deceased registration

Vendor Name

Bank Name

EFT Bank Account

EFT Bank Code

Building Society Roll No