



Claim Form (C19)

| |
|--------------------------|
| Membership Number |
| Name |
| Shop Address |
| |
| |
| Email Address |
| Work Number |
| Mobile Number |

| Reasons for Closure | Y | N | Supporting Documents |
|---|----------|----------|-----------------------------|
| Has Your Shop Closed Due To Retirement Etc (Closing Anyway?) | | | |
| HND Still Delivering ? | | | |
| Is The Account Closed Permanently Or Temporary (Dates?) | | | |
| Is It A Result Of Footfall? | | | |
| Inability To Get Stock? | | | |
| Legal Enforcement Order? | | | |
| | | | |
| Illness | | | |
| Staff | | | |
| Owner | | | |
| Self Isolation | | | |
| How Many Staff Do You Have | | | |
| | | | |
| Shop Open But Needs Assistance | | | |
| What Help Is Required-Bills, Debt, Wages etc | | | |
| What Are The Current Daily Takings And What Was It Previously | | | |
| Are You In Severe Hardship? | | | |
| If You Do HND How May Customers Have Been Affected | | | |
| How Much Debt Are You In? | | | |
| | | | |

| | | | | | |
|-------------------|---------------------|-------------|------------------|-------------|--|
| | Members Name | | Sign Here | | |
| Print Name | | Sign | | Date | |

* I confirm I am giving my consent to NFRN to use the personal information which I am submitting on this form, as well as any personal information included in any supporting documentation I am providing to support my application, for the purposes of evaluating my application for a Hardship fund grant, as well as to contact me regarding this application.

| | | | |
|---|-------------|------------------|-----------------------|
| Add Details Below Of The Bank Where The Funds Are To Be Paid Into: | | | |
| Payee | Bank | Sort Code | Account Number |
| | | | |



NFRN
Covid-19
HARDSHIP FUND

| | |
|--|--|
| For Office use only – DO NOT COMPLETE | |
| Member Since (Pre 1st March 2020) | |
| DOB | |
| Previous Claims | |
| Fees: | |

Please provide evidence in relation to your claim as per the answers you have given to the questions on this application form.

Note: you should not act or take any further steps with this claim until you have received confirmation of acceptance from NFRN Head Office.

Return this form and all relevant paperwork to:

NFRN COVID 19 Hardship Fund Applications

NFRN

East Suite

Ground Floor

Bede House

Belmont Business Park

Durham

DH1 1TW

Email, Scans, photos to hardshipfund@nfrn.org.uk