## LBS - Leicester Burial Scheme Fund

"Every Soul Shall Taste Death" (Holy Qur'an)



## **LBS Application Form**

Refer to LBS Charges, T&C's and FAQ's for information on the scheme.

Please complete the application form below, duly signed and dated, and return via post or email.

Postal Address:	Email Address:
LBS MKSI Leicester 17a Duxbury Road Leicester LES 3LR	secretary@mksileicester.org
Application Type:	
SINGLE PERSON	
MULTI PERSON HOUSEHOLD	
	LBS Member's Details
Surname	LBS Member's Details
Surname First Name(s)	LBS Member's Details
	LBS Member's Details
First Name(s)	LBS Member's Details
First Name(s)	LBS Member's Details
First Name(s)	LBS Member's Details
First Name(s)  Permanent Residential Address	LBS Member's Details
First Name(s) Permanent Residential Address Post Code	LBS Member's Details

Please note that the <u>first person</u> on the list is the eligible designated LBS Member in the household

	Title	Surname	First Name(s)	Date of Birth	Over 18	Relation to LBS Member
1				/ /		LBS Member
2				/ /		
3				/ /		
4				/ /		
5				/ /		

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6							/ /		
7							/ /		
<u>Payme</u>	Payment Method:								
Please state how payment will be made:									
STAND	STANDING ORDER/BACS								
CHEQU	E								
CASH									
I certi	I certify that:								
a.	a. the address given above is my and my family members', whose details are entered above, permanent and usual residential address								
b.	b. the particulars given/entered above are true and accurate to the best of my knowledge and belief								
	c. neither myself or any household member listed has been diagnosed with a terminal illness d. I have read and understood the LBS 'Terms & Conditions' and agree to be bound by the terms								
<u>.</u>	u. Thave read and understood the LBS Terms & Conditions and agree to be bound by the terms								
LBS Member's Full Name:									
Signature:									
Date:									