



# Speedway Riders Benevolent Fund Rider Claim Form

10 Magpie Way, Aqueduct, Telford, TF4 3TS

info@srbf.co.uk

<b>Name</b>	<input type="text"/>	<b>DOB</b>	<input type="text"/>
-------------	----------------------	------------	----------------------

<b>UK Address</b>	<input type="text"/>
-------------------	----------------------

<b>Telephone</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>
------------------	----------------------	--------------	----------------------

<b>Nature/Extent of Injury</b>	<input type="text"/>
--------------------------------	----------------------

<b>Date of Injury</b>	<input type="text"/>	<b>Expected Recovery Time</b>	<input type="text"/>
-----------------------	----------------------	-------------------------------	----------------------

<b>Location of Incident</b>	<input type="text"/>	<b>Club Riding For</b>	<input type="text"/>
-----------------------------	----------------------	------------------------	----------------------

<b>Who Do You Live With</b>	<input type="text"/>
-----------------------------	----------------------

<b>Dependants and Ages of Dependants</b>	<input type="text"/>
------------------------------------------	----------------------

<b>Account Name</b>	<input type="text"/>	<b>Bank Name</b>	<input type="text"/>
---------------------	----------------------	------------------	----------------------

<b>Sort Code</b>	<input type="text"/>	<b>Account Number</b>	<input type="text"/>
------------------	----------------------	-----------------------	----------------------

<b>Promoter Comments</b>	<input type="text"/>
--------------------------	----------------------

<b>Promoter Signature</b>	<input type="text"/>	<b>Print Name</b>	<input type="text"/>
---------------------------	----------------------	-------------------	----------------------

**THIS FORM MUST BE COMPLETED AND RETURNED WITH SUPPORTING MEDICAL RECORDS/ DOCTOR'S CERTIFICATES TO THE ABOVE ADDRESS/EMAIL WITHIN 6 WEEKS OF YOUR ACCIDENT**

I declare that the information on this form is correct and I have not withheld any information which would influence the trustees in consideration on this application for assistance. In the event that I may make a claim against a third party, I promise to repay any or all the assistance received.

I hereby give consent for the trustees to make any further enquiries of my income and expenditure as necessary.

<b>Signed</b>	<input type="text"/>	<b>Dated</b>	<input type="text"/>
---------------	----------------------	--------------	----------------------

<b>Official Use</b>	<input type="text"/>
---------------------	----------------------