



APPLICATION TO OPEN A CHARITABLE FUND

Name _____ Position _____

Department _____ Hospital Site _____

Address _____ Telephone _____

_____ E-mail _____

Proposed Fund Name _____

Fund Purposes: _____

Expected Income Types: (e.g. donations from individuals or companies)

Expected Expenditure Types: (e.g. meetings conferences, consumables)

Proposed Fund Signatories :

Applicant signature _____ Date _____

For Trustees use only

Authorised by _____ Date _____
Signature

Fund opened by _____ Date _____
Signature

Fund Ref.

Please return your completed form to the address below: