



Colleague Support Fund (CSF)

DISTRESS GRANT CLAIM FORM

Title	First Name(s)	Surname

Address & Postcode	
Phone Number	
E-mail Address	

Branch		Payroll No	
Group			

Please give details of your distress:

Please provide some financial details including a short financial summary of income versus outgoings:

How will you use the distress grant if successful?

Please continue on a separate sheet if necessary.

The decision of the Committee will be final and binding and there will be no right of appeal. All information received will be treated in the utmost confidence.

If your claim is successful all monies reimbursed will be credited to the bank details we hold for you in Payroll

Signed: _____

Dated: _____

Please allow up to 28 days to receive payment

Please return completed form to:

The CSF Secretary, The Midcounties Co-operative, Co-operative House, Warwick Technology Park, Warwick CV34 6DA

Email to: CSF.secretary@midcounties.coop

Telephone: 01926 516202