

Application for Osteopathic Benefit

| | | | | | | | |
|---|--|----------------------------|-------------|---|---------------|---------------------|------------------------|
| <i>I hereby make application for a grant towards the cost of treatment as follows:-</i> | | | | For Office Use | | | |
| | | | | Date Received | | | |
| | | | | Date of Entry | | | |
| | | <i>(Please enter cost)</i> | | Member | | Spouse | |
| | | Myself | My Spouse** | Grant | | Grant | |
| Cost | | £ | | £ | | £ | |
| Condition treated <i>(Treatment of chronic, recurrent or congenital conditions is excluded)</i> | | | | Receipts dated | | | |
| | | | | | | | |
| Signature | | | | Receipts Examined By | | Grant Calculated By | Calculation Checked By |
| Name (please print) | | | | Batch Number | | | |
| Address | | | | Date | Cheque Number | Nominal Code | |
| | | | | | | 5402 | |
| | | Post Code | | <i>Original Receipt(s) must be enclosed to support this application (copies will not be accepted). Receipt(s) will be returned</i> | | | |
| Grade | | Location | | | | | |
| Membership Number | | | | | | | |

**Grants in respect of spouses are only applicable to members who joined the Society prior to 1996.

Transport Friendly Society Limited, 9 Betterton Street, London WC2H 9BH
Telephone: 020 7240 8886

Authorised and regulated by the Financial Services Authority

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|---------------------------------------|--|
| Authorised by <i>(For office use)</i> | |
| | |