



MKMA

Bereavement Trust Fund

Trubys Gardens, Coffee Hall, Milton Keynes, MK6 5HA

Tel: 01908 231 777

BEREAVEMENT@MKMUSLIMS.ORG



Personal Details

First name: _____

Last name: _____

Date of Birth: _____

Gender: Male Female

Address: _____

Postcode: _____

Telephone: _____

Email: * _____

Next of Kin: _____

Mbl: _____

Household Members and Dependents

(E.g. Husband/Wife, Mother/Father, Child)

Name	DOB	Gender	Relationship
_____	DD / MM / YYYY	M/F	_____
_____	DD / MM / YYYY	M/F	_____
_____	DD / MM / YYYY	M/F	_____
_____	DD / MM / YYYY	M/F	_____
_____	DD / MM / YYYY	M/F	_____
_____	DD / MM / YYYY	M/F	_____

Declaration

I certify that the information given therein by me to MKMA Bereavement Trust Foundation is correct. I have read and agreed to abide by the terms and conditions of the MKMA Bereavement Trust Foundation. I hereby consent to the data on application form, freely given by me, to be held by MKMA Bereavement Trust Foundation.

Signature: _____

Date: _____

For Office Use:
Membership No: