



website: italianmedicalcharity.co.uk
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PLEASE COMPLETE THE FOLLOWING PROFORMA WITH THE APPLICANT'S DETAILS WHEN APPLYING FOR FUNDS:

FULL NAME:	
CURRENT ADDRESS:	
DATE OF BIRTH:	
TELEPHONE NUMBER:	
DO YOU PAY TAX IN THE UK? DO YOU PAY TAX OUTSIDE THE UK?	
DATE OF APPLICATION:	
WHAT WILL THE FUNDS BE USED FOR?:	
TOTAL AMOUNT APPLYING FOR:	
YOUR APPLICATION MUST BE SUPPORTED BY A LETTER FROM A MEDICAL PROFESSIONAL	
Patient's Signature if 13 years of age and over:	
Patient's Parent's Signature if under 13 years of age:	
Date of Signature:	