



## Application Form

PLEASE COMPLETE THIS FORM CLEARLY IN BLOCK CAPITALS AND ENSURE ALL BOLD BOXES  ARE COMPLETED.

### A Plan Holder (The Member)

Mr/Mrs/Ms/Other:	<input type="checkbox"/>	First Name(s):	<input type="checkbox"/>
Date of Birth:	<input type="checkbox"/>	Surname:	<input type="checkbox"/>
Address:	<input type="checkbox"/> <input type="checkbox"/>		
Postcode:	<input type="checkbox"/>	Telephone No(s):	<input type="checkbox"/>
Religion:	<input type="checkbox"/>	Email:	<input type="checkbox"/>

### B Plan Holder's Next of Kin / Executor (please specify one person only)

Mr/Mrs/Ms/Other:	<input type="checkbox"/>	First Name(s):	<input type="checkbox"/>
Relationship:	<input type="checkbox"/>	Surname:	<input type="checkbox"/>
Address:	<input type="checkbox"/> <input type="checkbox"/>		
Postcode:	<input type="checkbox"/>	Telephone No(s):	<input type="checkbox"/>
Date of Birth:	<input type="checkbox"/>	Email:	<input type="checkbox"/>

### C Plan Holder's Representative

**ONLY TO BE COMPLETED IF DIFFERENT TO SECTION A - PLAN HOLDER** e.g. if you are purchasing the plan for someone else and do not wish us to write to them, please enter your details and address below, to which all future correspondence will be sent.

**The funeral director should not be the representative unless specifically requested by the plan holder.**

Mr/Mrs/Ms/Other:	<input type="checkbox"/>	First Name(s):	<input type="checkbox"/>
Relationship:	<input type="checkbox"/>	Surname:	<input type="checkbox"/>
Address:	<input type="checkbox"/> <input type="checkbox"/>		
Postcode:	<input type="checkbox"/>	Telephone No(s):	<input type="checkbox"/>
Date of Birth:	<input type="checkbox"/>	Email:	<input type="checkbox"/>

#### FOR OFFICE USE ONLY

Enquiry Number:

Plan Number:

App. Date:

Start Date:

FD ID:

Seller ID:

AI:

EI:

NEI:

MA:

**A3**

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## D Funeral Details

Funeral Type (please tick box):  Burial  Cremation (see burial/cremation information in brochure)

Service at Crematorium or Cemetery Chapel  Service or Ceremony before Crematorium/Cemetery

Place of Worship:

Crematorium:

Disposal of Cremated Remains:

Coffin Type:  Urn Type:

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## E Grave Details

New Grave  Existing Grave  Current Owner of Grave Mr/Mrs/Ms/Other:

First Name(s):  Surname:

Address:

Postcode:  Telephone No(s):

Name of Cemetery:

Certificate No:  Class:

Grave/Lair No:  Section:

Memorial on Grave?:  Yes  No If Yes - What Type Of Memorial?

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## F Additional Information

Please provide any additional information e.g choice of music, readings, special instructions etc.

  
  
  
  

You can add more information at any time

Please continue on a separate sheet if necessary.

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## G Client Declaration

I accept the current Independent Way Terms and Conditions and agree to the Data Protection Act details which I have had the opportunity to examine.

Signature of Plan Holder or their Representative  Date:

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## H Funeral Director Declaration

I, the selected funeral director, confirm that I accept the Independent Way Funeral Director Terms & Conditions, the current Independent Way Terms & Conditions and have checked and agreed the arrangements and costs detailed herein.

Funeral Director's Signature  Print Name  Date:

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## I Data Protection Act

Golden Charter Limited will use the personal information supplied on this Application Form for the purposes of processing the application, arranging the funeral, administration, and statistical analysis. We will disclose this information to your selected funeral director solely for these purposes. From time to time we may also pass this personal information to those who provide services to us so that they process the information on our behalf.

Golden Charter will use the information you have supplied to communicate with you in line with Data Protection guidelines.

If you or your next of kin would prefer not to hear about other activities, products and services provided by Golden Charter Limited do let us know by writing to: FREEPOST PLUS RRSS-XAGT-ECBE, Golden Charter Funeral Plans, Glasgow G61 1BF.

**Change of Ownership**  If you would like to be informed should there be a change of ownership of your selected funeral director, please tick this box.

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## J Cost of Funeral Director's Services

If an item is included free of charge, please mark the box "FOC"

1 Professional Services	<input type="checkbox"/>	£	:	<input type="text"/>
2 Removal of Deceased	<input type="checkbox"/>	£	:	<input type="text"/>
3 Hygienic Treatment Services	<input type="checkbox"/>	£	:	<input type="text"/>
4 Vehicle Charges				
a) Hearse	<input type="checkbox"/>	£	:	<input type="text"/>
b) No of cars	<input type="checkbox"/>	£	:	<input type="text"/>
5 Coffin (see Section D)	<input type="checkbox"/>	£	:	<input type="text"/>
<b>6 Subtotal value of items</b>				
1-5 ticked as included	<input type="checkbox"/>	£	:	<input type="text"/>
Other (please give details)				
7 _____		£	:	<input type="text"/>
8 _____		£	:	<input type="text"/>
9 _____		£	:	<input type="text"/>
10 _____		£	:	<input type="text"/>
11 _____		£	:	<input type="text"/>
12 _____		£	:	<input type="text"/>
13 _____		£	:	<input type="text"/>
14 _____		£	:	<input type="text"/>
15 _____		£	:	<input type="text"/>
16 _____		£	:	<input type="text"/>
17 _____		£	:	<input type="text"/>
18 _____		£	:	<input type="text"/>
<b>TOTAL SERVICES</b> <b>(J) (items 6-18)</b>		£	:	<input type="text"/>

## K Third Party Costs

All sums should be entered VAT inclusive, where appropriate.

1 Cemetery Fee		£	:	<input type="text"/>
a) New Grave		£	:	<input type="text"/>
b) Re-Open Grave		£	:	<input type="text"/>
c) Removal of Memorial		£	:	<input type="text"/>
2 Crematorium Fee		£	:	<input type="text"/>
3 Doctors' Fees (for Cremation Certificates)		£	:	<input type="text"/>
4 Clergy Fee		£	:	<input type="text"/>
5 Fees for Place of Worship				
a) Organist		£	:	<input type="text"/>
b) Verger/Church Officer		£	:	<input type="text"/>
c) Other (please specify)		£	:	<input type="text"/>
_____		£	:	<input type="text"/>
_____		£	:	<input type="text"/>
6 All Third Party Admin Fees (minimum £199)		£	:	<input type="text" value="199:00"/>
7 Newspaper Notices		£	:	<input type="text"/>
8 Floral Tributes		£	:	<input type="text"/>
9 Other (please give details)				
_____		£	:	<input type="text"/>
_____		£	:	<input type="text"/>
_____		£	:	<input type="text"/>
_____		£	:	<input type="text"/>
<b>TOTAL THIRD PARTY COSTS</b> <b>(K) (items 1-9)</b>		£	:	<input type="text"/>

## L Plan Price

Cost of Funeral Director's Services (J)	£	:	<input type="text"/>
Third Party Costs (K)	£	:	<input type="text"/>
Funeral Director Arrangement Fee	£	:	<input type="text"/>
Single Payment Price <b>(J + K + Funeral Director Arrangement Fee)</b>	£	:	<input type="text"/>

(Please note: If paying by instalments, the minimum deposit will be £199 + Funeral Director Arrangement Fee)

# Methods of Payment

Please call us on 0800 833 800 if you have any difficulty filling out this section.

## M Payment in Full

I enclose a cheque for the **full amount** to the value of  
(Please make all cheques payable to "Golden Charter Trust")

£

OR I wish to pay by Debit / Credit card and have completed Section P for the **full amount** to the value of

£

## N Payment by Instalments

**Deposit** I enclose a cheque for the deposit amount to the value of  
(Please make all cheques payable to "Golden Charter Trust")

£

OR I wish to pay by Debit / Credit card and have completed Section P for the **deposit** to the value of

£

**Instalments** I have completed Section O for payment by Direct Debit for the balance of

£

To be taken over  monthly instalments of

£



**Please note:** The minimum deposit is £199 plus the Funeral Director Arrangement Fee (if applicable).

Followed by a final instalment of

£

(Please refer to separate 'Payment Information Sheet' for full information and monthly instalment amounts)

On receipt of this completed form, and your deposit, Golden Charter will send you a credit agreement regulated by the Consumer Credit Act 1974 confirming the terms of payment. Payments will be collected on or around the 28th of each month. Golden Charter, Canniesburn Gate, 10 Canniesburn Drive, Bearsden, Glasgow G61 1BF.

## O Payment by Direct Debit

### Instruction to your Bank or Building Society to pay Direct Debits

Banks and Building Societies may not accept Direct Debit from some types of account - please check before completing form. Please fill in the whole form and send it together with your deposit (if applicable).

To: The Manager of  Bank or Building Society

Address:

Postcode:

Names of Account Holder(s):

Branch Sort Code:  Bank or Building Society Account No:

Please pay Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee.

Signature:	Date:	Signature:	Date:
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## P Payment by Debit / Credit Card

Pay by Debit Card:  Maestro  Switch  VISA DEBIT Visa Debit  VISA Electron Visa Electron

Pay by Credit Card:  VISA Visa  Mastercard

Name on Card:

Card number:

Valid from:  Expires:  1 or 2 digit issue number (if applicable):  3 digit security code (on reverse of card):

Signature:	Date:
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Golden Charter Limited is a Registered Provider of Funeral Plans and complies with the Rules and Code of Practise of the Funeral Planning Authority (www.funeralplanningauthority.com).