



MEMBERSHIP APPLICATION FORM BANK VICTIMS

The information you provide below will be loaded into the SAFE Parliamentary Action Group Computer database it will enable us to produce more accurate statistics for the All Party Parliamentary Group Against Financial Exploitation, MP's, Treasury, The Various Governing Bodies and Media we are registered with the Information Commission and all details are treated as confidential.

Please Tick or Delete as necessary:

Title: Mr Mrs Ms etc..... First Names.....Surname.....

Address:

Address & Postcode:

Telephone No: Mobile:

Fax: E. Mail.....

Can we use your details and statistics for our reports to the: All Party Parliamentary Group / Treasury / Governing Bodies / Media etc. YES / NO

Case Ongoing / Case Over

Problem with: Please name Bank or Organisation.....

Have you contacted your Member of Parliament YES / NO

Who is your MP.....

Would you provide under separate cover a précis of your case as a Statement of Truth, Including details of court cases judgments and any other relevant information 2-4 pages A4 max. YES / NO

Are you willing to be added to the group's action in Europe YES / NO

Do you want Publicity YES / NO

Additional Information

It would assist our Research if you could take the time to give us the following information:-

The cause of initial Problem: Bank/Branch: Receiver: VAT/Tax office etc:

Type of Deception.....

Were you a Director: Sole Trader/ Employed/ Self Employed/ Unemployed/ Partner/ Wife/ Other.
Please Specify.....

Have you Lost your home: YES / NO

Did your Marriage Break-up: YES/ NO

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Property Lost Value. £..... Other Relationships Affected: YES/ NO
Amount Lost Approx. £..... Has your Health Been Affected: YES/ NO
Bank / Other Involved Branch
Their Law Firm..... Your Law Firm.....
Bankruptcy? YES / NO Bankruptcy Discharged? YES / NO
How long were you bankrupt? Name and Firm of Receiver/Trustee
COURT Actions & Case Numbers:
Result of Court Actions
Legal Aid: YES / NO Privately Funded.....
Total amount of Certificate £..... Amount of Costs.....
Is/ Was there a Police Investigation: YES/ NO Which Force.....
Name of Senior Officer..... Outcome:
Are you currently: Employed / Self Employed / Retired / On Benefit / Other
Signature

Please return this form your Statement of Truth and relevant paperwork with £25 Registration and £25 annual membership fee to SAFE, the year starts from the date your signed registration is received and your cheque clears the bank, monies received help fund the work of SAFE including office and staff expenses.

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All donations are gratefully accepted we are a non-profit making organisation