

To: Transport Friendly Society Limited (TFS)
9 Betterton Street, London WC2H 9BH



Application for Dental/Optical Benefit

<i>I hereby make application for a grant towards the cost of:</i>					For Office Use					
					Date Received					
					Date of Entry					
					No. of Units (pre 1996)					
		<i>(Please enter cost)</i>		Dental		Optical				
		Myself		* My Spouse		Member	Spouse	Member	Spouse	
Dental Expenses	Cost	£		£						
Optical Expenses	Cost	£		£						
					£	p	£	p		
					Total	£	p			
					Receipts dated					
Signature					Receipts Examined By		Grant Calculated By		Calculation Checked By	
					Batch No					
Name <i>(please print)</i>					<i>Original Receipt(s) must be enclosed to support this application (copies will not be accepted). Receipt(s) will be returned</i>					
Address <i>(please print)</i>										
	Post Code									
Grade		Location								
Membership Number										

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

TFS is authorised and regulated by the Financial Services Authority