Please complete this form and submit it to the AWGB Treasure

to claim for the repayable portion of the Branch PLI

|  |  |  |
| --- | --- | --- |
| **Branch Details:** |  |  |
| Insurance Company: |  |  |
| Insurance Reference No. |  |  |
| Date Paid: |  |  |
|  |  |  |
| **Bank Details:** |  |  |
| Name of the Account: |  |  |
| Account Number: |  |  |
| Sort Code: |  |  |
|  |  |  |
| **Claim Made By:** |  |  |
| Branch Treasurer Name |  |  |
| Date: |  |  |
| Signed |  |  |

Instructions:

1. Please fill in the form electronically or print and complete with pen.

2. If printed, please scan or photograph the form

3. Return to the AWGB Treasurer at  [treasurer@AWGB.co.uk](mailto:treasurer@AWGB.co.uk?subject=AWGB%20Branch%20Reclaim%20of%20Insurance)