Form CW



Application for assistance for members with conveyancing at a fixed charge/free wills.

| UNISON region UNISON service group Branch Secretary's name Branch Secretary's name Branch Secretary's name Branch Secretary's name Male Female I confirm that the above named has been a fully paid-up member of UNISON for at least four weeks. (the Branch Secretary's signature is confirmation that the member is entitled to legal assistance). Signed Branch B | Name of memb | per | | | | | | | | | | |
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| (the Branch Secretary's signature is confirmation that the member is entitled to legal assistance). Signed (Branch Secretary) Date Section 2: To be completed by the member Address Postcode Telephone number Date of birth Date of birth Postcode Truckish Date of birth African Asian Pakistani Indian Chinese Turkish Other Date of Dat | Date of joining I | UNISON | | | | | | | | Male | Fem | nale |
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Return this completed form to: Thompsons Solicitors, Will Department, The New Union House, 2 Harbour Avenue, Plymouth PL4 0BJ