

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 12 Instalments (at no additional cost)

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

Followed by a final instalment of £



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 Fixed Monthly Payments

I have completed Section Q for payment by Direct Debit for the fixed monthly payment amount of £
(Please refer to separate 'Payment Information Sheet' for full information and fixed monthly payment amounts)



Payments will be collected each month on or around the same day of the month that the plan starts from. AXA Sun Life, NPE Department, PO Box 1810, Bristol BS995SN.

P Payment by Debit / Credit Card

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

Q 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:

Golden Charter Limited is a Registered Provider of Funeral Plans and complies with the Rules and Code of Practice of the Funeral Planning Authority (www.funeralplanningauthority.com). Whilst AXA Sun Life plc is authorised and regulated by the Financial Services Authority the money paid by customers to Registered Providers for a funeral is safeguarded by the Funeral Planning Authority so that, when the time comes, their funeral is provided in accordance with that plan and, therefore, they are the relevant body in relation to this transaction and not the Financial Services Authority.

THE Independent Way

In association with

Golden Charter
Funeral Plans

Application Form

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

A Planholder (The Member)

Mr/Mrs/Ms/Other: First Name(s):
Date of Birth: Surname:
Address:

Postcode: Telephone No(s):
Religion: Email:

B Planholder's Next of Kin / Executor (please specify one person only)

Mr/Mrs/Ms/Other: First Name(s):
Relationship: Surname:
Address:

Postcode: Telephone No(s):
Date of Birth: Email:

C Planholder's Representative

ONLY TO BE COMPLETED IF DIFFERENT TO SECTION A - PLANHOLDER 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 planholder.

Mr/Mrs/Ms/Other: First Name(s):
Relationship: Surname:
Address:

Postcode: Telephone No(s):
Date of Birth: Email:

FOR OFFICE USE ONLY

Enquiry Number: App. Date: Start Date:
Plan Number: FD ID: Seller ID:
AI: EI: NEI: MA:

D Funeral Details

Funeral Type (please tick box): Burial Cremation (see burial/cremation information in brochure)
 Service at Crematorium or Cemetery Chapel Separate Religious Service before Crematorium/Cemetery

Place of Worship: _____
 Crematorium: _____
 Disposal of Cremated Remains: _____
 Coffin Type: _____ Urn Type: _____

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? _____

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.

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 Planholder or their Representative _____ Date: _____

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: _____

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 and with AXA Sun Life plc for the administration and management of the whole of life policy where payment is by fixed monthly payments. 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.

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

K Disbursements (Third Party Costs)

All sums should be entered VAT inclusive, where appropriate.

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

L Plan Price

| | |
|--|------------------|
| Cost of Funeral Director's Services (J) | £ : _____ |
| Third Party Costs (K) | £ : _____ |
| Funeral Director Arrangement Fee | £ : _____ |
| Single Payment Price (J + K + Funeral Director Arrangement Fee) | £ : _____ |

(Please note: If paying by 12 instalments, the minimum deposit will be box 6 from Section K + Funeral Director Arrangement Fee)