



NATIONAL UNION OF RAIL, MARITIME & TRANSPORT WORKERS Application for Fines Pool Claim

Please note: To be eligible for this benefit the member must belong to Fines Pool

Branch	<input type="text"/>	Date of Incident	<input type="text"/>
Name	<input type="text"/>	Date of Hearing	<input type="text"/>
National Insurance No.	<input type="text"/>	Type of Vehicle	<input type="text"/>
Membership Number	<input type="text"/>	Plea	<input type="text"/>
Address	<input type="text"/>	Fine	<input type="text"/>
		Costs	<input type="text"/>
Post Code	<input type="text"/>	Lost Time	<input type="text"/>
		Lost Earnings	<input type="text"/>

To enable us to get payment to you as quickly as possible, we can transfer payment directly into your bank account. This saves time between our posting a cheque and your receiving it, the delay in cheque clearance and the possibility of the cheque being lost in the post or otherwise mislaid. We will, of course, send written confirmation of the transfer. It must be your own bank account; we cannot take responsibility for payment on your behalf into someone else's account.

For payment by this method, please complete the following details:

Name of bank	Branch	Sort Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

MEMBERS REPORT

Member's signature.....	Grade/Job Title	<input type="text"/>
	Employer	<input type="text"/>

BRANCH SECRETERY'S REPORT

This claim will not be considered without a full report from the claiming member giving his / her account of the incident and must be accompanied by a receipt for payment of the fine, fixed penalty notice and / or local authority summons.

Was the member represented by union solicitor Yes No If Yes Ref No

If No Summons or fixed penalty notice must be attached

Signature of Branch Secretary/Organiser.....

Branch Stamp