

# THOMAS and RICHARD SHARPLES CHARITY

The Trust was set up in 1928 under the terms of the will of Thomas Sharples, a Manchester accountant. It is intended to give financial assistance to persons aged 60 years or over, whose income is below a certain level AND who are lawfully entitled to use the surname of SHARPLES or HESMONDALGH.

Annuities are granted at the discretion of the Trustees and applications must be made ANNUALLY before the 20<sup>th</sup> October.

A "Sharples Trust Annuity" is intended to supplement State Social Security Benefits. Therefore it is important that each applicant has claimed his or her full State Benefit entitlement before applying for an annuity.

## Application Instructions

1. Husband and wife must both complete an application form.
2. All first time applicants must supply a copy of their birth certificate. Married or widowed women must also provide a copy of their marriage certificate when making an application for the first time. Certificates are not generally required for subsequent applications.
3. The Trustees, or their agent will contact applicants directly should any additional supporting evidence be required.
4. A responsible independent person must certify the application. The certifier may be contacted by the Trustees regarding the application.
5. Please ensure that all questions are answered in full and all supporting documentation is included with the application. Applications will not be accepted if they are incomplete.
6. Applications, with the necessary certificates, should be sent to:-

The Secretary to the Trustees  
Thomas & Richard Sharples Charity  
C/o DonnellyBentley Chartered Accountants  
Hazelmere  
70 Chorley New Road  
Bolton BL1 4BY



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#### 4. Bank or Building Society Details

Name of Bank or Building Society:

Sort Code:

Account Number:

#### 5. Declaration

I, the above named of the above address, do solemnly and sincerely declare that the information provided in this application is both complete and true.

Signature of applicant:

Date: \_\_\_/\_\_\_/\_\_\_

#### 6. Certification By A Responsible Person

Name:

Address:

Contact Telephone Number:

Certifying Qualification:

Signature of Certifier:

Date: \_\_\_/\_\_\_/\_\_\_