

**DEFENCE  
POLICE  
FEDERATION**

**PERSONAL DETAILS**

**APPLICANT DETAILS** *(please print)*

FULL NAME: ..... DATE OF BIRTH: \_\_ / \_\_ / \_\_\_\_

ADDRESS: .....

..... POSTCODE: .....

HOME TEL: ..... MOBILE: .....

PERSONAL EMAIL: .....

NEXT OF KIN: ..... RELATION: .....

NEXT OF KIN TEL NO: .....NEXT OF KIN MOBILE NO: .....

*By completing this application you agree to abide by the rules of the Defence Police Federation.*

**BRANCH DETAILS** *(please print)*

STAFF NUMBER: ..... DATE JOINED FORCE: \_\_ / \_\_ / \_\_\_\_

BRANCH NAME: ..... AREA (N, MW, S): .....

BRANCH ADDRESS: ..... POSTCODE: .....

WORK TEL: ..... WORK MOB: .....

**NOMINEE FOR DEATH IN SERVICE BENEFIT** – *Please sign and send original copy to the address below.*

FULL NAME OF NOMINEE: ..... RELATIONSHIP: .....

*I hereby nominate the above to receive any monies payable on my death in accordance with the rules of the Defence Police Federation.*

NOMINEE ADDRESS: .....

..... POSTCODE: .....

APPLICANT SIGNATURE: ..... DATE: \_\_ / \_\_ / \_\_\_\_

FULL NAME OF WITNESS (not member): .....

WITNESS ADDRESS: .....

..... POSTCODE: .....

WITNESS SIGNATURE: ..... DATE: \_\_ / \_\_ / \_\_\_\_

*Completed forms may be emailed to [admin2@dpf.org.uk](mailto:admin2@dpf.org.uk) in the first instance.  
If the nominee for death in service benefit is to be updated, the original signed copy must also be sent to the address below.  
After amending our database we will confirm the necessary changes have been made.*