



THE ROYAL BRITISH LEGION

WAR PENSIONS INFORMATION FORM (PEN FORM)

Please complete (using black ink) and return to the Pensions and Benefits Department, The Royal British Legion, 199 Borough High Street, London SE1 1AA

Block capitals please

1 Surname First names
Address
..... Postcode Tel No
Date of Birth Nat. Ins No

2 HM Forces Number Rank Branch of Service
Date Enlisted..... Date Discharged Reason

3 If Widow, Husbands' Name
Date of Marriage Date of Death

- 4 Help Required – Tick box as necessary
- | | |
|--|---|
| <input type="checkbox"/> War Pensions Claim | <input type="checkbox"/> Entitlement Appeal |
| <input type="checkbox"/> Assessment Appeal | <input type="checkbox"/> Review of Assessment |
| <input type="checkbox"/> War Widow's Pension Claim | <input type="checkbox"/> War Widow's Pension Appeal |
| <input type="checkbox"/> War Widower's Pension Claim | <input type="checkbox"/> War Widower's Pension Appeal |
| <input type="checkbox"/> War Pension Allowances – Specify | <input type="checkbox"/> Claim for a further condition |
| <input type="checkbox"/> Armed Forces Compensation Scheme 2005 | <input type="checkbox"/> Other Disability Claims |
| <input type="checkbox"/> Armed Forces Compensation Scheme 2005 (Widow's) | <input type="checkbox"/> Compensation Claims for Negligence |
| <input type="checkbox"/> Armed Forces Compensation Scheme 2005 (Dependant's) | <input type="checkbox"/> Medals Advice |
| <input type="checkbox"/> Other queries - Specify..... | |

Copies of any relevant documents should be enclosed when returning this form.



Declaration

I agree that the details on this form may be passed in confidence to the Veterans Agency in the course of this application. I authorise The Royal British Legion and SSAFA Forces Help to approach the Veterans Agency on my behalf.

Signature of Applicant Date

For Local Legion or SSAFA Forces Help use

Officials Name Post Held

Branch / Division County

Address

..... Post Code Tel No