

2. Total monthly income

Gross salary (<i>plus commission, if any</i>)	Member	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
	Spouse	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Gross pension	Member	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
	Spouse	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

If you are currently employed, please complete the following:

Length of service with the Liberty Group? Months/Years

I,
(please print your name and surname) agree that by applying for an ex gratia payment, I accept that:

- The Ex Gratia Sub-Committee decides according to the merits of each individual case and the decision may not be used to justify a similar decision in future.
- All information provided will be reviewed as part of the Ex Gratia Sub-Committee decision-making process.

Signed at (town or city) on

Principal member's signature

Please only sign if information is true, complete and correct.