



LBMFT

Luton Bangladeshi Muslim Funeral Trust

SERVICE • COMPASSION • DIGNITY

Supporting families with dignity, compassion and Islamic values

97 Alexandra Avenue, Luton LU1 1HQ

Call: 07960 952991 | 07507 533003 | 07868 840731 | Email: info@lbmft.co.uk | www.lbmft.co.uk

MEMBERSHIP APPLICATION FORM

Mandatory Registration Notice: Please fill this form completely in BLOCK CAPITALS. Both primary and joint applicants must affix a recent passport-sized photograph and provide copies of photo ID and address verification documents. Unverified profiles cannot be processed.

SECTION 1: PRIMARY APPLICANT PERSONAL DETAILS

FULL NAME:

Surname:

Marital Status:

Date of Birth:

Gender: Male

☐ Female ☐

ID / Passport No:

Address:

Postcode:

Town / City:

Mobile No:

Email:

**PRIMARY APPLICANT
PASSPORT PHOTO**

Affix recent
passport size photo here
Print full name on back

SECTION 2: JOINT / SPOUSE APPLICANT DETAILS (If Applicable)

FULL NAME:

Surname:

Relationship: Spouse / Partner

Date of Birth:

Gender: Male

☐ Female ☐

Mobile No:

ID / Passport No:

**JOINT APPLICANT
PASSPORT PHOTO**

Affix recent
passport size photo here
Print full name on back

EMERGENCY CONTACT

Name:

Relationship

Mobile No:

SECTION 3: DEPENDANTS DETAILS (Living permanently at the same address)

NO.	FULL NAME (BLOCK CAPITALS)	DATE OF BIRTH	GENDER	RELATIONSHIP
1				Son / Daughter
2				Son / Daughter
3				Son / Daughter
4				Son / Daughter



HOUSEHOLD REGISTRY BANK & VERIFICATION CHECKLIST

SECTION 4: CONFIDENTIAL MEDICAL DISCLOSURES

Does any individual listed on this application profile suffer from a severe chronic or terminal illness?

YES ☐

NO ☐

If YES, state the member's full name and provide brief, confidential medical insights.

SECTION 5: MEMBERSHIP TIER & DOCUMENT CHECKLIST

1. MEMBERSHIP TIER SELECTION

- ☐ Single ☐ Couple ☐ Family Membership
☐ Lifetime

2. DOCUMENT CHECKLIST

- ☐ Recent Passport Photos affixed on Page 1
☐ Photo ID Proof ☐ Luton Address Proof

SECTION 6: TRUST BANK ACCOUNT DETAILS FOR CONTRIBUTIONS

Please configure your permanent standing order or process online bank transfers using the verified account structure below. Remember to append your **Full Name** as the reference text.

Account Name: **Luton Bangladeshi Muslim Funeral Trust**

Sort Code: **23 - 05 - 80**

Account No: **5 7 9 5 5 1 0 4**

SECTION 7: FORMAL BINDING DECLARATION & SIGNATURES

I/We formally declare that all parameters logged across this application are fully factual and precise. I/We recognize that LBMFT operates as a community mutual support infrastructure and is not a commercial insurance provider. Relief allocations remain subject to Executive Committee validation. Misrepresentations regarding residency boundaries within Luton or pre-existing diagnoses may terminate registration and forfeit past contributions.

Primary Applicant Signature

Joint / Spouse Applicant Signature

Date: / /

Date: / /

SECTION 8: TRUST COMMITTEE AUDIT (OFFICE USE ONLY)

Auditing Officer: _____

Photos Verified ☐ ID Checked ☐

Signature: _____

Luton Residence & Bank Match Confirmed ☐

Status: APPROVED ☐ REJECTED ☐

Assigned ID: _____

Date: _____