



# Hurstville & Rockdale Friendly Society Limited

ABN 32 087 822 188

Mailing Address:  
PO Box 438  
HURSTVILLE BC NSW 1481

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## REQUEST FOR ASSISTANCE

NAME: \_\_\_\_\_ MEMBER No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### THE ASSISTANCE REQUESTED IS FOR:

- Private Prescription (Official Pharmacy receipt attached)
- Chronic medical illness (Chronic Medical Conditions Assessment Form attached)
- Mobility Aids (Tax invoice attached)
- Hearing Aids (Tax invoice attached)
- Maternity Assistance (Birth certificate attached)
- Funeral Assistance (Death certificate attached)

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I certify that the assistance requested is only for persons covered under my membership.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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### BANK ACCOUNT DETAILS:

BSB : \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_