

Initial request to become a beneficiary of the Thalidomide Trust

Please provide the following information with as much detail possible:

1	Your full name(including any previous names)	
2	Your date of birth	
3	Your full address	
4	Email address	
5	Phone number	
6	Place you were born	
7	Your mothers full name (inc. any previous names)	
8	Place your mother was living the year prior to your birth	
9	Detailed description of your damage	
10	If you have head, eye, ear and/or limb damage, photographs of the affected area	
11	Any evidence that your mother took medication <u>manufactured by the Distiller Company in the UK</u> containing Thalidomide	

Return by post to: Beneficiary Applications, The Thalidomide Trust, 1 Eaton Court Road, Eaton Socon, St. Neots. PE19 8ER

or email: hello@thalidomidetrust.org