



CITY OF BRIDGETOWN CO-OPERATIVE CREDIT UNION LTD.

"Measuring Success One Member at a Time"

ADRIAN GRIFFITH MEMBER ASSISTANCE FUND APPLICATION FORM

Member No: _____

Date Joined: _____

PERSONAL INFORMATION

MR. MRS. MS. FULL NAME: _____

ADDRESS: _____

TELEPHONE NOs Home: _____ Work: _____ Mobile: _____

NATIONAL REG. NO.: _____ E-mail: _____

ASSISTANCE BENEFICIARY INFORMATION

BENEFICIARY: SELF OTHER

If Other, please fill out the following:

FULL NAME OF BENEFICIARY: _____ NATIONAL REG. NO: _____

RELATIONSHIP TO MEMBER: _____

ADDRESS: _____

TELEPHONE NOs Home: _____ Work: _____ Mobile: _____

E-mail: _____

EMPLOYMENT INFORMATION

EMPLOYMENT STATUS PERMANENT TEMPORARY SELF-EMPLOYED STUDENT
UNEMPLOYED RETIRED OTHER _____

PLACE OF EMPLOYMENT: _____ OCCUPATION: _____

SALARY/WAGE: \$ _____ WEEKLY BI-WEEKLY MONTHLY OTHER _____

NO. OF DEPENDENTS: _____

AVERAGE MONTHLY EXPENDITURE

RENT/MORTGAGE	\$ _____	MOBILE PHONE	\$ _____	HIRE PURCHASE	\$ _____
LAND TAX	\$ _____	FOOD	\$ _____	CREDIT CARD	\$ _____
CABLE TV	\$ _____	PETROL	\$ _____	MEETING TURN	\$ _____
INTERNET	\$ _____	BUS/TAXI FARE	\$ _____	ENTERTAINMENT	\$ _____
WATER	\$ _____	VEHICLE INSURANCE	\$ _____		
ELECTRICITY	\$ _____	LIFE INSURANCE	\$ _____	GROSS SALARY/WAGE	\$ _____
COOKING GAS	\$ _____	MEDICAL INSURANCE	\$ _____	TOTAL EXPENDITURE	\$ _____
TELEPHONE	\$ _____	LOAN REPAYMENT (Other financial institutions)	\$ _____	NET SURPLUS/DEFICIT	\$ _____

REASON FOR ASSISTANCE

AMOUNT REQUIRED: \$ _____

TERMS AND CONDITIONS OF THE ADRIAN GRIFFITH MEMBER ASSISTANCE FUND

1. An Adrian Griffith Member Assistance Fund Application Form must be completed in full for each application and returned to the offices of the City of Bridgetown Co-operative Credit Union Ltd. (hereinafter referred to as "the COB").
2. If the applicant or beneficiary is employed, one recent pay slip (dated three months or earlier) from the applicant and beneficiary must be submitted along with the completed Application Form.
3. All Application Forms must also be accompanied by the relevant supporting documentation. For example, applications for medical assistance must be accompanied by a letter from the doctor/surgeon facilitating the procedure.
4. Applications can be made on behalf of the following immediate relatives. Immediate relatives refer to the member's brother, sister, mother, father, son, daughter or spouse as defined in the Family Law Act, Cap 214.
5. The Committee of the Fund with the assistance of the Marketing Manager of the COB or such other person as may be assigned by the COB may undertake the research necessary to ensure that the application is a valid one. The Committee reserves the right to request further documentation and/or evidence to validate the application.
6. Neither the Committee nor the COB shall be bound to consider or to approve any application made to it and shall not be bound to give any reason for any decision reached by the Committee or the COB. In the event that the Committee or the COB approves any application, it may do so on such terms and conditions as deemed fit. The Committee or the COB may discontinue any payments at any time without giving any reason to the applicant.

DECLARATION

I, _____, hereby acknowledge that I have read and understood the above terms and conditions and that the information I have provided above is accurate and complete. I agree to be bound by the terms and conditions of this application for assistance. I understand and agree that this arrangement with the Committee or the COB is not intended to create any legal relationship between us.

Signature of Applicant _____ **Date** _____ (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

ACCOUNT STATUS: ACTIVE DORMANT

TOTAL SAVINGS: _____

TOTAL LOANS: _____ IN GOOD STANDING DELINQUENT

MARKETING MANAGER'S FINDINGS/OBSERVATIONS:

RECOMMENDATIONS:

APPLICATION STATUS

APPROVED DENIED DEFERRED

If approved:

AMOUNT APPROVED: _____

COMMENTS:

Signature of Chairman: _____ **Date** _____ (dd/mm/yyyy)

Signature of Committee Member: _____ **Date** _____ (dd/mm/yyyy)

Signature of Committee Member: _____ **Date** _____ (dd/mm/yyyy)

Signature of Committee Member: _____ **Date** _____ (dd/mm/yyyy)

Signature of Marketing Manager: _____ **Date** _____ (dd/mm/yyyy)