

APPLICATION FOR ASSISTANCE BY MEANS OF A SPECIAL GRANT

SECTION 1 — PERSONAL DETAILS

Name: Bank:

Postal Address: Branch:

..... Length of service: (years)

..... Own Monthly
Income (Gross): N\$

Marital Status: Spouse s Monthly
Income: N\$

Names of Dependants: Monthly Maintenance
Received: N\$

Ages:

Membership No.: N\$

Tel. No. (H)

(W)

(Fax)

(E-mail)

SECTION 2 — MOTIVATION FOR APPLICATION

2.1 A BRIEF SUMMARY (TO BE COMPLETED BY THE APPLICANT) OF THE BACKGROUND EVENTS LEADING TO, AND THE REASONS FOR, THIS APPLICATION FOR ASSISTANCE.

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2.2 HAVE YOU APPLIED TO YOUR EMPLOYER FOR ASSISTANCE AND WHAT ASSISTANCE HAVE YOU RECEIVED?

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2.3 ARE YOU CLAIMING FROM ANY OTHER INSURER? IF YES, GIVE DETAILS. YES NO

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3.4 BREAKDOWN OF HIRE PURCHASE INSTALMENTS/LOANS (MONTHLY)

COMPANY	MONTHLY PAYMENTS	OUTSTANDING BALANCE	EXPIRES
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.....

3.5 BALANCE SHEET AS AT **20**.....

ASSETS		LIABILITIES	
FIXED PROPERTY	N\$	LIABILITIES	N\$
CASH AND BANK	N\$	BANK: OVERDRAFTS	N\$
SHARES/UNIT TRUSTS	N\$	CREDIT CARDS	N\$
INSURANCE POLICIES	N\$	CREDITORS	N\$
DEBTORS	N\$	LOANS	N\$
FURNITURE	N\$	TAX	N\$
MOTOR VEHICLES	N\$	OTHER	N\$
OTHER ASSETS	N\$	MORTGAGE BOND (BALANCE OWING)	N\$
		OTHER	N\$
TOTAL ASSETS	N\$	TOTAL LIABILITIES	N\$
NETT ASSETS less LIABILITIES		N\$	

PHYSICAL ADDRESS OF MY FIXED PROPERTY IS:

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I, THE UNDERSIGNED, DECLARE THAT THE FOREGOING IS A TRUE STATEMENT OF MY FINANCIAL AFFAIRS.

SIGNATURE:..... DATE:

SECTION 3 — FINANCIAL INFORMATION

3.1 STATEMENT OF INCOME & EXPENDITURE

MONTHLY FIXED EXPENDITURE

P.A.Y.E. (TAX)	N\$
PENSION CONTRIBUTIONS	N\$
RENT/BOND	N\$
MEDICAL AID	N\$
U.I.F.	N\$
ALIMONY	N\$
BANK LOANS: STAFF	N\$
STUDY	N\$
HIRE PURCHASES	N\$
INSURANCE: LIFE	N\$
ENDOWMENT	N\$
RETIREMENT	N\$
OTHER MEDICAL	N\$
HOUSEHOLD	N\$
HOMEOWNERS	N\$
MOTOR	N\$
CREDIT CARD PAYMENT	N\$
TOTAL OTHER FIXED	<u>N\$</u>
TOTAL FIXED EXPENSES	<u>N\$</u>

MONTHLY FLUCTUATING EXPENSES

GROCERIES & TOILETRIES	N\$
WAGES: DOMESTIC	N\$
GARDENER	N\$
WATER & ELECTRICITY	N\$
RATES & TAXES	N\$
TELEPHONE	N\$
TRANSPORT	N\$
CLOTHING	N\$
ENTERTAINMENT	N\$
SCHOOL: FEES	N\$
TRANSPORT	N\$
SPORT	N\$
TUCK	N\$
OTHER	N\$
TOTAL FLUCTUATING EXPENSES	<u>N\$</u>

MONTHLY PROVISION FOR ANNUAL PAYMENT

RADIO / TV LICENCE	N\$
CAR LICENCE	N\$
INCOME TAX	N\$
OTHER	<u>N\$</u>
TOTAL MONTHLY PROVISION	<u>N\$</u>

POSSIBLE MONTHLY PAYMENTS

GIFTS	N\$
NEWSPAPERS	N\$
OTHER	N\$
TOTAL MONTHLY POSSIBLES	<u>N\$</u>

3.2 SUMMARY OF MONTHLY INCOME & EXPENDITURE

MONTHLY

GROSS SALARY (SELF)	N\$
NET SALARY (SPOUSE)	N\$
OTHER INCOME: (Alimony, Investments, Pension, etc)	<u>N\$</u>
A TOTAL INCOME	<u>N\$</u>
NETT MONTHLY: A - B	<u>N\$</u>

MONTHLY

TOTAL FIXED EXPENDITURES	N\$
TOTAL FLUCTUATING EXP.	N\$
TOTAL PROVISION	N\$
TOTAL POSSIBLES	<u>N\$</u>
B TOTAL EXPENDITURE	<u>N\$</u>

3.3 PLEASE INDICATE YOUR LATEST TAXABLE INCOME.

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SECTION 4 — SUPPORTING DOCUMENTATION

PLEASE ATTACH A COPY OF:

1. THE APPLICANT S LATEST PAY / PENSION ADVICE.
2. THE APPLICANT S SPOUSE S LATEST PAY / PENSION ADVICE.
3. ANY OTHER SUPPORTING DOCUMENTATION WHICH MAY ASSIST IN THE EVALUATION OF THIS APPLICATION, SUCH AS COPIES OF OUTSTANDING MEDICAL / DENTAL CLAIMS.

SECTION 5 — BRANCH MANAGER S REPORT

A BRIEF SUMMARY OF YOUR FINDINGS AND RECOMMENDATIONS:

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COMPANY STAMP &

SIGNATURE:..... DATE:

SECTION 6 — OUTCOME

APPLICATION: APPROVED / DENIED

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SIGNATURE:..... DATE: