

APPLICATION FOR STAFF LOAN
JAMAICA FIRE BRIGADE MISCELLANEOUS LOAN FUND

To: **The Chairman**
Loan Committee

1. I *JFB / ENo: _____
(Print Number, Rank/Post and Name)

Hereby apply for a loan of \$ _____ to be repaid in equal *fortnightly/monthly
Payments including **interest payments at 8% per annum.**

2. I desire this loan for the following provident or productive purpose(s):

(Separate sheet with details may be attached.)

(DOCUMENTARY PROOF OF: DEBT / COMMITMENT / NEED AND A COPY OF YOUR LAST PAY ADVICE **MUST** BE ATTACHED.)

3. I understand that this loan must be fully paid up within one year from date of receipt and that recovery shall be by way of Salary Deduction.

4. I offer as security: a) Vacation Leave at Credit b) Arrears of pay due:
c) From the **next arrears of pay** that is due to me, **lump-sum payment is authorized** to clear all/or part of the outstanding balance due at the time.
d) Guarantor as per the attached form
e) Other: _____

5. My home address is: _____

Telephone: _____

6. Name and address of Next of Kin: _____

Telephone: _____

7. Relationship of Next of Kin: _____

APPLICANT'S DECLARATION

8. I agree to comply fully with all the terms, conditions, rules and regulations of the Jamaica Fire Brigade Miscellaneous Loan Fund now in force or which may be adopted hereafter. The details recorded above, for the purpose of obtaining this loan, are true to the best of my knowledge and belief.

Signature of Applicant

Date

(*Delete as necessary. Insert N/A in spaces where necessary.)

ADMINISTRATIVE VERIFICATION

9. *FORTNIGHTLY / MONTHLY INCOME OF APPLICANT \$ _____
10. APPLICANT'S VACATION LEAVE AT CREDIT: _____ days.
11. DATE OF LAST LOAN: _____
12. OUTSTANDING LOAN BALANCE: \$ _____

LOAN COMMITTEE ACTION

13. A loan of \$ _____ to the applicant named overleaf is *recommended for approval/not recommended for approval.
14. **With interest of 8% per annum the full amount to be recovered is:** \$ _____
15. The period of time for repaying is _____ months at \$ _____ per month.
16. If approved, a **Salary Deduction Form** for the amount will be forwarded to the Accounts Department for action to effect recovery.
17. **Members of the Loan Committee Sitting:**
18. **Special Notes:** _____

_____	_____
Print Name (Chairman)	Signature
_____	_____
Print Name (Member)	Signature
_____	_____
Print Name (Member)	Signature
_____	_____
Print Name (Member)	Signature
_____	_____
Print Name (Member)	Signature
_____	_____
Date	

19. Commissioner's Comments:

SPECIAL BOARD APPROVAL

20. *Approved/Not Approved: _____ Date: _____

(*Delete as necessary. Insert N/A in spaces where necessary.)