# JAMAICA CONSTABULARY WELFARE FUND
# DISASTER GRANT APPLICATION FORM

TICK AFFILIATION: POA ☐ JPF ☐ UDCA ☐

DATE OF APPLICATION: (dd/mm/yyyy) _____

REG:_____ RANK: _____

SURNAME:_____ FIRST NAME: _____ MIDDLE NAME: _____

PERSONAL ADDRESS: _____

TELEPHONE:_____ EMAIL: _____

DIVISION OF APPLICANT: _____ EMPLOYMENT NUMBER:_____

ACTIVE MEMBER: ☐ RETIRED: ☐ DATE OF RETIREMENT: (dd/mm/yyyy)_____ TRN: _____

**DISASTER DETAILS**

**DATE OF INCIDENT: (dd/mm/yyyy)**_____ **TYPE OF INCIDENT** _____

**ADDRESS OF PROPERTY AFFECTED:** _____

**INSURED:** ☐ **UNINSURED:** ☐ **FULLY OWNED:** ☐ **JOINTLY OWNED:** ☐

**JOINT OWNER:** (Name & relationship)_____

**IS THE PROPERTY MORTGAGED? NO** ☐ **YES** ☐

**IF YES PROVIDE DETAILS:**_____

**ACCOMPANYING DOCUMENTS:** Attached to this application are :

Police Report ☐ Pictures of damage ☐ Pay Advice ☐ Fire Report ☐ Estimate of loss ☐

Invoice reflecting items to be replaced ☐

OTHER_____

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ELECTRONIC BANKING OPTION: Do you prefer for payment to be conducted via transfer: Yes ☐ No ☐

If yes, provide Name: on account:_____

Bank: _____Branch:_____

Account Number: _____ Account type: Savings ☐ Chequing ☐

Applicant's Signature: _____

**OFFICIAL USE**

**Type of Disaster experienced:** _____

**Date of Incident: (dd/mm/yyyy)**_____

**Does the member's contribution exceed 1 year?**

**Yes:** _____ **Page #** _____

**No:** _____ **Page #** _____

**Amount: $** _____ **Payee:**_____

**Documents checked by:** _____ **Date: (dd/mm/yyyy)**_____

**Recommended by:**_____ **Date: (dd/mm/yyyy)**_____

**Approved by:** _____ **Date: (dd/mm/yyyy)**_____