JAMAICA CONSTABULARY WELFARE FUND
FUNERAL GRANT (MEMBER) APPLICATION FORM

TICK AFFILIATION: POA ☐ JPF ☐ UDCA ☐

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

INFORMATION FOR THE DECEASED

REG:_____ RANK: _____

SURNAME:_____ FIRST NAME: _____ MIDDLE NAME:_____

PERSONAL ADDRESS: _____

DIVISION OF APPLICANT: _____ EMPLOYMENT NUMBER:_____

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

DATE OF DEATH: (dd/mm/yyyy)_____ DATE OF FUNERAL: (dd/mm/yyyy) _____

FUNERAL HOME: _____ ADDRESS:_____

ACCOMPANYING DOCUMENTS: Attached to this application are copies of

Death Certificate/Burial Order: ☐ Birth Certificate ☐ Marriage Certificate ☐

Other: _____

APPLICANT'S INFORMATION

SURNAME:_____ FIRST NAME:_____

TELEPHONE: _____ EMAIL: _____

RELATION TO DECEASED:_____

ELECTRONIC BANKING OPTION: Do you have a Scotiabank Account: Yes ☐ No ☐

If yes, provide account number:_____ Branch:_____

Account type: Savings ☐ Chequing ☐

OFFICIAL USE

Does the member's contribution exceed 1 year?

Yes: _____ **Page #** _____

No: _____ **Page #** _____

Amount: $ _____ **Payee:**_____

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

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