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 PROPRTY 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 ☐

OTHER_____

_____

_____

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

Account Number: _____Branch:_____

Account type: Savings ☐ Chequing ☐

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)**_____