

Public Service Union of Belize P.O. Box 458, Hilltop, Belmopan City, Belize, C.A.

Internationally affiliated with PTTI, PSI and CPSA

*All fields and forms must be completed or application will not be considered.

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Section 1: Personal Information		
Surname:	First Name: Mie	ddle Initials:
Date of Birth	Marital Status	<u>Nationality</u>
/ / Age: dd mm yy	SingleWidowed MarriedSeparated Common Law	Belizean Other
		If other please state here
Gender: Male Female	Number of Dependents:	Social Security No:
Section 2- Address Details		
No Street	Village/Town/City	District
Home Phone Mobile Ph	none Email Address	
Section 3 - Employment Details		
Employer/Department:		
Position:		
	Office Fax #:	_
Date entered Public Service:	Open Vote/P.	E
End date with Government of Be	lize (pensioners):	
Number of years working for Gov	vernment of Belize:	
Monthly Income:	Yearly Income:	

Section 4–Monthly Expenses		
K. List all Financial Institution	is you currently pay monthly.	
Bank/Credit Union/Courts	Loan Type	Monthly Payment
	Eg. Mortgage/vehicle/school/ medical etc	
	nformation separately if space is not enough	- ·
members provide aut	hentication of the amounts from the institut	ions listed in K.
L. Please list the amounts you	u contribute to each expense below monthly	
	ater: <u>\$</u> Cable: <u>\$</u> Groceries:	\$ Rent: <u>\$</u>
Miscellaneous: <u>\$</u>	Other: <u>\$</u>	
Loan purpose: Tick the reaso	n for applying for a Loan	
Medical Expenses	Tuition Fee/School Expenses	
Medical Expenses Car Purchase / Repair	Bills Payment Others	
Travel Appliance/Furniture Pure	Others chase Please state here	
Home Improvement		
Amount: \$ • Minimum \$1,000.00 a		
	n is deducted in advance	
• Administrative fee is	\$5.00 which is deducted in advance	
	The cost of the insurance is dependent on an	nount borrowed and repayment period.
This amount is deduc	ted in advance.	

Section 5 – List one next of kin and	d one reference	
Name:	Address:	
Telephone Numbers:	Email:	
Relation to Applicant: Next of Kin	No. of years known applicant:	
Name: Telephone Numbers:	Address: Email:	-
Telephone Numbers:		-

Application Mandatory Checklist

- Applicant must currently be working with the government for a minimum of 2 years.
- All fields must be completed or your application may be determined to be void.
- Provide a clear copy of your Social Security card or Passport.
- Provide a Letter of employment issued in the last six months.
- Provide Proof of Address. A utility bill issued in the last three months. If the utility bill is not in your name, provide the bill, a letter from the person whose name appears on the bill confirming you reside at the address and a clear copy of their photo identification.
- Retirees/Pensioners who continue to be members of the PSU need to provide proof of employment that they were working with the Government of Belize. This can be in the form of a declaration form stating that you were a member of the public service signed and stamp by a Justice of the Peace.
- A salary deduction authorization form MUST be signed and stamped by your Department's Finance Officer in order to receive disbursement of funds. (The form will be provided if your application is approved)
- Release letter from the bank or credit union where your salary is assigned. If your salary is not assigned, a letter from the bank/credit union stating that your salary is deposited there but is not committed to them.
- PSU reserves the right to change the interest rate to 12% if the member resigns from the Union prior to the maturity date of his/her loan.

Promissory Note

I, (Borro	ower) of	(Address) agrees
and promises to pay to the Public Service Unic	on of Belize the sum of (<u>\$</u>) Dollars for value
received, with interest at the annual rate of	8.5% from	(Date)
until loan is fully repaid.		

Should interest not be so paid, it shall thereafter bear like interest as the principal, but such unpaid interest so compounded shall not exceed an amount equal to simple interest on the unpaid principal at the maximum rate charged by commercial banks in Belize on loans of similar amounts. Should default be made in the payment of any installment of interest when due, the whole sum of principal and interest shall become immediately due and payable at the option of the holder of this note. Should suit be commenced or an attorney employed to enforce the payment of this note, I agree to pay such additional sum as the court may adjudge reasonable as attorney's fees in said suit. Principal and interest payable in the lawful money of Belize.

(Borrower)	(Date)			
(Lender)	(Date)			
(Witness)	(Date)			
		Statement o	of Applicant	
In case of Death, I _		of		
	urer to use/withdraw			nmediately due and payable. I l and make said payable to my
Applicant's Signatur	e		Date	

Treasury Department Belize City Accountant General,

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Re: Balance of Loan Payment _____ of _____ (Address) (Name) _____ Department in case of resignation or Presently working with the ____ retirement, request and authorize the Accountant General of Treasury Department, Belize City to deduct from my benefits i.e. gratuity all my outstanding balance owing to PSU Loan Scheme. This balance should be forwarded to PSU Loan Scheme. If loan balance was not deducted from gratuity, please deduct from monthly pension until final payment is completed. Applicant's Signature Date Branch Chairperson/Vice Chairperson's Recommendation (Please sign) Chairperson Name Recommended ______ Not Recommended ______ Signature Signature Date: _____