



Public Service Union of Belize

P.O. Box 458, South End Governor General's Field, Belmopan City, Belize, C.A.
Internationally affiliated with PSI and CPSA

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

Section 1: Personal Information			
Surname: _____		First Name: _____	
		Middle Initials: _____	
Date of Birth		Marital Status	
____ / ____ / ____ Age: ____		<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common Law	
dd mm yy			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Number of Dependents: ____	
		Nationality	
		<input type="checkbox"/> Belizean <input type="checkbox"/> Other _____ If other please state here	
		Social Security No: _____	
Section 2- Address Details			

No	Street	Village/Town/City	District
_____	_____	_____	_____
Home Phone	Mobile Phone	Email Address	
_____	_____	_____	
Section 3 - Employment Details			
Employer/Department: _____			
Position: _____			
Office Phone #: _____		Office Fax #: _____	
Date entered Public Service: _____		Open Vote/P.E. _____	
End date with Government of Belize (pensioners): _____			
Number of years working for Government of Belize: _____			
Monthly Income: _____		Yearly Income: _____	
Section 4: Monthly Expenses			
A. Please list the amounts you contribute to each expense below monthly.			
Electricity:\$ _____	Water:\$ _____	Cable:\$ _____	Groceries:\$ _____
Rent:\$ _____	Miscellaneous:\$ _____	Other:\$ _____	

B. List all Financial Institutions you currently pay monthly.

Bank/Credit Union/Courts	Loan Type Eg. Mortgage/vehicle/school/ medical etc	Monthly Payment

- Attached additional information separately if space is not enough. PSU reserves the right to request that members provide authentication of the amounts from the institutions listed in K.

Loan purpose: Tick the reason for applying for a Loan

- | | |
|---|--|
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Tuition Fee/School Expenses |
| <input type="checkbox"/> Car Purchase / Repair | <input type="checkbox"/> Bills Payment |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Appliance/Furniture Purchase | <input type="checkbox"/> Please state here |
| <input type="checkbox"/> Home Improvement | |

Amount: \$ _____

- Maximum \$750.00
- Interest is 8.5% which is deducted in advance
- Administrative fee is \$5.00 which is deducted in advance
- The Loan is insured. The cost of the insurance is dependent on amount borrowed and repayment period. This amount is deducted in advance.

Section 5 – List next of kin/reference and guarantor

Name: _____ **Address:** _____

Telephone Numbers: _____ **Email:** _____

Relation to Applicant: Next of Kin _____ **No. of years known applicant:** _____

Guarantor Name: _____ **Address:** _____

Telephone Numbers: _____ **Email:** _____

Relation to Applicant: _____ **No. of years known applicant:** _____

Section 6: Banking Information Details

Applicant Bank Name: _____

Applicant Bank Branch: _____

Transit Number: _____

Applicant Bank Account Number:

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By signing below the member applicant certifies that the banking information provided is accurate, belongs to him/her and assumes full responsibility in the event amounts sent to the indicated account results in payment being rejected or is sent to an account which does not belong to him/her and for which the Public Service Union of Belize shall not have any liability whatsoever. In such event, the Member applicant will be responsible for full repayment of amount sent to the indicated account on the application form.

Signature: _____

Print Name: _____

Date: _____

*** In event that inaccurate account information is provided; a new application will need to be completed.**

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.**
- **Copy of Bank Book showing account number or copy of bank statement showing account number**
- **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.**
- **Guarantor employment information and declaration**

Promissory Note

I, _____ (Borrower) of _____ (Address) agrees and promises to pay to the Public Service Union of Belize the sum of (\$ _____) 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)

(Guarantor) (Date)

Statement of Applicant

In case of Death, I _____ of _____
(Name) (Address)

do hereby commit that my entire Loan balance with PSU Loan Scheme becomes immediately due and payable. I authorize the Treasurer to use/withdraw all my benefits from the PSU Death Fund and make said payable to my outstanding Loan Balance.

Applicant's Signature

Date

Treasury Department
Belize City
Accountant General,

Re: Balance of Loan Payment

I, _____ of _____
(Name) (Address)

Presently working with the _____ Department in case of **resignation, retirement, or termination** 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 _____
Signature

Not Recommended _____
Signature

Date: _____

Guarantor's Information and Declaration

Name: _____

No Street Village/Town/City District

Home Phone Mobile Phone Email Address

Employment Details:

Employer/Department: _____

Position: _____

Office Phone #: _____ Office Fax #: _____

Date entered Public Service: _____ Open Vote/P.E. _____

End date with Government of Belize (pensioners): _____

Number of years working for Government of Belize: _____

Monthly Income: _____ Yearly Income: _____

I acknowledge that I have offered to support (Applicant Name) _____'s application for credit as the Guarantor.

I acknowledge that you will rely on information in this form to make a decision as to whether to offer the applicant a loan.

I have been truthful in all information provided and have not given false names in this application.

I understand that this form does not constitute an offer or acceptance of credit as defined in any legislation relating to the provision of credit.

I am not in any bankruptcy.

Signed by Guarantor: _____

Name: _____ Date: _____