



PORT COMMUNITY MUTUAL BENEFIT ASSOCIATION, INC. (PCMBAI)
c/o PHILIPPINE PORTS AUTHORITY
PPA Head Office Bldg., Bonifacio Drive
South Harbor, Port Area, Manila

Date: _____

Control No. _____

APPLICATION FOR FINANCIAL ASSISTANCE

Name of Member: _____ Age: _____

Permanent Address: _____

Date of Birth: _____ Status: _____

Present Position: _____ Name of Spouse: _____

RC: _____ Contact Details: _____

Nature of Financial Need: (Please check one)

☐

Medical reasons

☐

Loss of own property due
to fire or natural calamity

☐

Death of contributing member

☐

Others

☐

Death of immediate family member

Brief Description on the Nature of Financial Need:

Please attach certified copies of any or all of the following supporting documents for
verification/validation by the Fund Management Committee (FMC):

- > Membership remittance
- > Medical report summary
- > Official receipts of medical/hospitalization expenses
- > BFP/PNP reports of loss of own property due to fire or natural calamity
- > Barangay certification regarding loss of property due fire or natural calamity
- > Birth/Marriage/Death certificate (whichever is applicable)
- > Property ownership or relevant document

Claimant/Beneficiary Bank Account Name & No. _____

Relationship to member _____

(Signature of Claimant/Beneficiary Over Printed Name) _____

Contact No. _____

NOTED BY:

Head Office/PMO RC Head

Date

ENDORSED BY:

HO/PMO PCMBAI Coordinator

Date

ACTION BY THE FUND MANAGEMENT COMMITTEE

Validation/verification of Nature
of Financial Need:

JENNIFER L. LOPEZ

Administrative Officer

Date

REMARKS:

Recommending Approval:

Date

Chairperson, Fund Management Committee

APPROVED/DISAPPROVED:

ASUNCION B. FLORES

President, Board of Trustees

(Date)