



POR T COMMUNITY MUTUAL BENEFIT ASSOCIATION, INC. (PCMBAl)
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
Death of contributing member
Death of immediate family member

Loss of own property due
to fire or natural calamity
Others

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 PCMBAl 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

(Date)

President, Board of Trustees