

DOMESTIC HELPER FINANCIAL ASSISTANCE APPLICATION FORM

Rev Bernard Chew
Domestic Helper Financial Assistance
750A Chai Chee Road
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Singapore 469001
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Date of Application: _____

A. INFORMATION ON DOMESTIC HELPER FINANCIAL ASSISTANCE

Objectives

To provide short-term financial assistance to domestic helpers, which may include the following:

- Demise of loved ones
- Critical medical condition of domestic helper or loved ones
- Natural disaster in hometown

Who Can Apply?

- Domestic helper who regularly attends cell group or is in regular contact with cell leader

Procedure

1. Applicant is referred by cell leader
2. Applicant provides information as required in this form
3. Applicant ensures that application form is signed by employer and cell leader
4. Applicant submits this form, photocopy of Work Permit, and other supporting documents (if necessary) to Rev Bernard Chew who will assess suitability and eligibility of application
5. Application will then be forwarded to LoveSingapore Fund Committee for review and approval

Note: Amount and type of assistance will be determined on case-by-case basis

B. PARTICULARS OF CASE

Applicant's Particulars

Name: _____ Gender: Male / Female

Marital Status: _____ Date of Birth: ____/____/____ Age: _____

Work Permit No.: _____ Mobile No.: _____

Address in Singapore: _____ Postal Code: _____

Employer's Particulars

Name: _____ Mobile No.: _____

Team Pastor (if employer is a FCBC member): _____

Brief Description of Case: _____

Consent Clause for Domestic Helper Financial Assistance Application

In line with the Personal Data Protection Act 2012, by submitting this form, I hereby give consent to Faith Community Baptist Church to collect, use and disclose by personal data for the purposes of processing my application, assessing my eligibility, administering disbursements, as well as notifying and contacting me regarding any financial assistance-related matters via calls, texts, emails and posts. I am aware that I can update my personal data or withdraw my consent at any time by contacting dpo@fcbc.org.sg.

Terms and Conditions

I hereby certify that the information given is true and correct to the best of my knowledge. I am fully aware that my application may be withheld or rejected if I have provided any information which I know to be false or withheld any information that is required of me. I will update Faith Community Baptist Church of any subsequent changes to the information provided in this form should there be changes to my financial situation before or after the application is approved. Faith Community Baptist Church reserves the right to take action against me or reject my application if I have deliberately omitted or made an incorrect declaration of my finances. I fully understand and agree that the personal information I have provided may be disclosed to other agencies or individuals for the purpose of processing my application for assistance and services in and through Faith Community Baptist Church.

I, _____, am aware of this application.
(Employer's Name)

(Employer's Signature)

C. CELL LEADER ENDORSEMENT

(Cell Leader's Name)

(Cell Leader's Signature)

D. FOR OFFICIAL USE

Remarks: _____

Recommended Amount: S\$ _____

(Team Pastor's Name)

(Team Pastor's Signature)

(Date)