



**FAITH COMMUNITY BAPTIST CHURCH
DOMESTIC HELPER FINANCIAL ASSISTANCE
APPLICATION FORM**

Ps Simon Tan
Domestic Helper Financial Assistance
750A Chai Chee #04-01
Viva Business Park
Singapore 469001
Tel: 6424 9400
Fax: 6424 9500

Date of Application: _____

A. Information on Domestic Helper Financial Assistance

Objectives:

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

- a) The demise of her loved ones
- b) Any critical medical condition of the domestic helper or loved ones
- c) Any natural disaster that occurs in her hometown

Who Can Apply?

- Domestic helper who has been regularly attending our cell or in regular contact with the leader

Procedure:

- Applicant is referred to by cell leader
- Applicant furnishes the necessary information as per this Form
- Applicant ensures that the Application must be signed by the Employer and cell leader, and a photocopy of the Work Permit to be furnished.
- Applicant submits this Form together with any supporting documents (if necessary)
- Submit the application to Ps Simon Tan who will assess the suitability and eligibility of the application
- The application will then be forwarded to the Love Singapore Fund Committee (FCBC) to review and approve the application

(Note: Amount & types of assistance will be determined on a case-by-case basis)



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B. Particulars of Case

Name: _____

Gender : _____ Marital Status: _____

Domestic Helper's Mobile No.: _____

Work Permit No.: _____

Date Of Birth : ____/____/____ Age: _____

Address: _____

_____ Singapore _____

Employer's Name: _____ Employer's Mobile No. _____

Employer's Team (if any): _____

Brief description of the case:

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

Employer's Signature



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C. Endorsed by:

Cell Leader's Name

Cell Leader's Signature

D. Official Use

Remarks:

Amount recommended S\$ _____

Team Pastor's Name

Team Pastor's Signature

Date: _____