

DOMESTIC HELPER FINANCIAL ASSISTANCE APPLICATION FORM

Membership Services Department
Domestic Helper Financial Assistance
12 Tai Seng Street
Luxasia Building
#04-01A
Singapore 534118
Tel: +65 6424 9400

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:

- Expenses incurred because of demise of immediate family members
- Critical medical condition of the Domestic Helper or immediate family members
- Damages to home and property caused by natural disaster in hometown

Who Can Apply?

- Domestic Helper who regularly attends Cell Group or is in regular contact with the Cell Leader

Procedure

1. Applicant is referred by Cell Leader and provides all information as required in the Form
2. Applicant ensures Application Form is signed by Employer, endorsed by G12/Cell Leader, and recommended by Team Pastor
3. Applicant submits the completed Form with photocopy of Work Permit and other necessary supporting documents required for assessment of eligibility
4. Eligible application will then be recommended to the LoveSingapore Fund Committee for 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 my 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. G12/CELL LEADER'S ENDORSEMENT

_____ *(G12/Cell Leader's Name)* _____ *(G12/Cell Leader's Signature)*

D. TEAM PASTOR'S RECOMMENDATION

Remarks:

Recommended Amount: S\$ _____

_____ *(Team Pastor's Name)* _____ *(Team Pastor's Signature)* _____ *(Date)*