

ANNEX D: Health Funding Application Form

GPI Health Funding Application Form

Applicant Name

1

2

Date of Health Funding Application

Category of PI MO Medical Referral.

MONTHLY INCOME

Monthly wages From GPI positions
 Estimate of any Other Monthly Income
 Other Household Income

Total Monthly Income

Bank Account Savings
 Cash Savings
 Assets (on-island - estimated value)
 Assets (overseas - estimated value)

Total Savings / Asset

Estimated Monthly Outgoings

Electricity
 Phone / Internet
 Food
 General Supplies
 Other

Total Monthly Outgoings

Current GPI Loans or Credit Accounts

- Home Loan
- Personal Loans
- Compassionate Grants
- Freight & General Account PIO
- Co-Op Store Account
- Other Loans

Current Monthly Repayments

Total.

I/We hereby certify that the figures provided above are, to the best of my/our knowledge, correct and authorise GPI to make any necessary enquires to verify this information.

Applicant One

Applicant Two