

Belize National Teachers' Union

Loan Application Form for Medical Emergency Loan

Please fill all sections from I – IV. (PLEASE PRINT)

INCOMPLETE FORM WILL NOT BE ACCEPTED.

I. Name: _____

Home Address: _____

Phone Home: _____ Cell: _____ Work _____

Email _____ BNTU I.D. No. _____

Employment Status _____ Permanent _____ Temporary License Type _____

Years of Unbroken Service: _____ Have you received gratuity? ____YES ____NO

A. Retired _____ B. Resigned _____

Presently teaching at: _____ Branch: _____

Management: _____ Qualification: _____

Monthly Salary: _____ Salary Scale: _____

Total amount of commitments: e.g. \$200 p. mth Belize Bank etc. _____

Net (Total Take home pay) _____

Is your salary assigned/committed to Bank/Credit Union? ____Yes ____No

If yes, please indicate _____

Do you presently have a BNTU Loan? Yes _____ No _____

I hereby apply for a loan of _____ dollars, to be repaid in monthly installments of _____ dollars (_____ months)

Purpose of Loan: **MEDICAL EMERGENCY** for:
_____ Self _____ Family Member (please specify relationship) _____

PLEASE SUBMIT ALL RELEVANT DOCUMENTS (*Bill/Quotation, Letter from doctor*)

Cheque for approved loan will be payable to Hospital, Doctor, etc.

I agree for monthly repayments to be made through salary deduction until final payment is made.

Applicant's Signature

Date

Received by _____
Branch President/Treasurer

Date

II. Statement of Applicant

In case of Death, I _____ of _____
(name) (address)

do hereby pledge and commit that my entire Loan balance with BNTU Loan Scheme becomes immediately due and payable. I authorize the Treasurer to use/withdraw all my benefits from the BNTU Death Fund and make said amount payable to my outstanding Loan balance.

Applicant's Signature

Date

III. Accountant General
Treasury Dept.
Belize City

Accountant General,

Re. Balance of Loan Payment

I, _____ of _____,
(name) (address)

presently teaching with the _____ Management in case of resignation or retirement, request and authorize the Accountant General of Treasury Dept., Belize City to deduct from my benefits i.e. gratuity all my outstanding balance owing to BNTU Loan Scheme. This balance should be forwarded to BNTU Loan Scheme. If loan balance was not deducted from gratuity, please deduct from monthly pension until final payment is completed.

Applicant's Signature

Date

Branch President/Treasurer's Recommendation (Please sign)

Recommended _____

Not Recommended _____

Date: _____

Credit Committee

Approved _____

Not Approved _____

Date _____

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Statement of Guarantor/Co-maker of Loan

A co-maker is required. Co-maker MUST be a BNTU Member with a permanent teaching post. You cannot be co-maker for more than 2 applicants at any time. If you have a BNTU Loan, you can co-make for only one person at any given time.

In case of any default in payments as herein agreed, the guarantor/co-maker shall be notified immediately and the payment of this loan shall become immediately due and payable

School/Management _____

Years of Unbroken Service _____

Telephone: Home: _____ Cell: _____ School: _____

BNTU Member: Branch _____ Email _____

Is your salary assigned/committed to Bank/Credit Union? _____ Yes _____ No
If yes, please indicate _____

Do you have a BNTU Loan? _____ Yes _____ No

Are you presently a co-maker for another member? _____ Yes _____ No

If yes, please state name _____

I _____ of _____
Co-maker (print full name) address

do hereby pledge to stand surety as Guarantor/Co-maker for loan of _____ on behalf of applicant, _____. If applicant is delinquent, I hereby authorize salary deduction to be effected immediately to make payment owing to BNTU by applicant.

Signature

Date