

REQUEST FOR FINANCIAL ASSISTANCE APPLICATION

APPLICANT INFORMATION

Name: Roy George

Date of birth: 13 July 1964

SSN: 6692

Phone: 2843421769

Gender: ☒ Male ☐ Female

Marital Status: ☐ Married ☒ Single ☐ Divorced ☐ Separated

Nationality (Passport): British Citizen #760633608

Place of Birth: Common Wealth of Dominica

BVI Status: ☒ Belonger ☐ Resident Card ☐ Work Permit ☐ Non-Belonger (Work Permit exempted)

Physical address: Purcell Estate

City: Road Town

Island: Tortola

ZIP Code: VG1110

☐ Own ☒ Rent

Monthly rent/Mortgage:

\$250

Mailing address: PO Box 3250

City: Road Town

Island: Tortola

District: 6

E-mail:

**PLEASE ATTACH A COPY OF A PHOTO IDENTIFICATION
(Passport, Belonger Card, Driver's License, Work Permit card, etc.)**

PLEASE ATTACHED A COPY OF A PHOTO IDENTIFACTION (PA

EMPLOYMENT INFORMATION

Employer: Unemployed

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

Island:

ZIP Code:

Position:

☐ Hourly

☐ Salary

Annual income:

MEDICAL INFORMATION

Type of Cancer Diagnosed : Testing the bile duct for cancer

Date of Diagnosed:

Doctor's Name:

Health Institution: St. Croix

Tel:

Referred by: BVIHSA

INSURANCE

Do you have medical insurance:

☒ Yes

☐ No

Name of Insurance: NHI

IMPORTANT

Your personal information will be kept in the strictest confidence. We will not contact your insurance company or your employer. We will not discriminate based on nationality, race, age or gender.

Signature of applicant

Date

6 May 25

OFFICIAL USE ONLY

Approved By

Cheque No.

Date

Received By:

Date: