Public Service Pension Fund P. O Box 60 The Valley, Anguilla 264-498-5079 publicservicepensionfund@gov.ai www.pspf.ai



## **APPLICATION FOR PERSONAL LOAN TO CONTRIBUTORS**

PSPF ID:	AMOUNT REQUESTED: EC\$		PURPOSE:		
APPLICANT NAME					
	First	M.I.	Last		
MAILING ADDRESS	: PHYS	SICAL ADDRESS:	TELEPHON	IE #:	
EMPLOYER:		DEP/	ARTMENT:		
GROSS MONTHLY	SALARY EC\$	NET MONTHL	Y SALARY EC\$	(Verification Required)	
EMPLOYMENT STA	RT DATE:	RETIREMENT D	OATE:		
TOTAL CONTRIBUT	IONS EC\$	100% of CONTRIBU	TIONS (Maximum Loan Amou	ınt) EC\$	
		Promissory Stateme	<u>ent</u>		
I GRANT PERMISSION	ON FOR THE PUBLIC SERVICE	PENSION FUND TO VERIF	I CONTEMPLATING FILING FOR B FY MY MONTHLY SALARY AND DI E OUTSTANDING LOAN AMOUNT	EDUCTIONS.	
ignature of Contributo	or F	PSPF Signature	Dat	Date	
		DETAILS OF LOA	N		
LOAN NUMBER:	TERM	l:	EXPECTED PAYMENT DATE:		
A. Loan Amount		EC\$_			
B. Application Fee (Deducted or Paid)		EC\$_			
C. Other Fees/Taxes(E.g. GST- Deducted or Paid)		aid) EC\$ _			
D. Loan Amount Due		EC\$ _			
i.	Total Interest Payable	EC\$	_		
ii.	Monthly Payments	EC\$	_		
			COMPUTATIONS MADE BY: _		
NOTES TO APPROVER	:				
				PSPF Form	
				06/2022	

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## FINANCIAL CHECKS and APPROVAL

DEBT RATIO:	
COMMENTS:	
APPROVED FOR PAYMENT:	Yes No Further interview required
DATE OF INTERVIEW:	
APPROVED BY:	APPROVAL DATE:
CHEQUE NUMBER:	VOUCHER NUMBER: