



التاريخ : / / م

السيد رئيس لجنة القروض بوكالة الغوث - غزة

مقدم الطلب :

رقم الجوال :

أرجو منكم منحي قرض من أجل: بقيمة :

و مرفق اليكم المستندات اللازمة لذلك.

اسم الموظف :

رقم الموظف :

التوقيع :

ختم الدائرة :

المرفقات :

- قسيمة راتب الشهر الحالي .
 - صورة هوية الموظف .
 - الطلب .
 - صورة هوية الزوج .
 - عقد الصيانة او البناء
 - ملكية البيت مثل وصل كهرباء أو وصل الماء أو عقد الشراء
 - صور ملونة
 - اقرار من مالك البيت موافقته بعمل الصيانة في البيت المسجل باسمه (اذا كان وصل الكهرباء ليس باسم الموظف) و
 - ارفاق صورة هويته
 - خريطة المنزل (خاص ب طلب البناء)
 - عقد الشراء
 - تسلسل الملكية اذا كان العقار ارض و وصل الكهرباء اذا كان العقار شقة او منزل
 - شهادة قيد الابناء
 - رسالة توضح تكاليف الدراسة
 - كرت التموين مطبوع حديثا
 - صورة هوية الطالب
 - تقرير طبي من مستشفى موضح فيه تكاليف العلاج
 - تعهد موقع من شهود موظفين وكالة باحضار كافة الفواتير التي يتم دفعها للعلاج عند طلبها من الموظف
- في كافة الطلبات
- في طلب الصيانة - بناء
- في طلب الشراء
- في طلب التطعيم
- في طلب العلاج

ANNEX A
PROVIDENT FUND (PF)
HUMANITARIAN REPAYABLE WITHDRAWAL APPLICATION
(To be completed by the Applicant)

All information contained within is strictly private and confidential and is not privy to those outside the PF Humanitarian Repayable Withdrawal committees.

A. PERSONAL DATA

Applicant Name: _____ Date of Birth: _____

Employee Number: _____ Duty Station: _____ Monthly Net Base Salary: _____

Number of Dependents (Spouse and Children): _____

PF HUMANITARIAN REPAYABLE WITHDRAWAL

B. AMOUNT, TERM AND PURPOSE

(i) **Amount Requested** (in currency of salary): Amount specified must be equivalent of USD 2,000 in local currency or greater: _____

(ii) **Term of Repayment Requested:** _____
Please note the Maximum Terms Allowed: Withdrawals for Housing - 10 years; Education - 6 years; Health – 5 years

(iii) **Purpose**

1. Purchase of Property

Please check all that apply:

- Purchase of Primary Residential Unit (House, Apartment)
- Purchase of Land for Construction of Primary Residence

Address of Residence/Land _____

Description of Residence/ Land _____

Current Owners Name and Contact Information _____

Please provide copies of a map, sale contract and original title deed or an equivalent official and signed document in case of application of a PF Humanitarian Repayable Withdrawal for acquisition of a residential unit or purchase of land.

Construction, Maintenance or Renovation

Please provide copies of a map and copies of relevant contract(s) including the cost of the work to be done.
Address of Residence _____

Description of Construction, Maintenance or Renovation _____

Is this your main residence? Yes No

For construction, maintenance or renovation, are living conditions unfit for habitation? Yes No If "yes," why? _____

Have you had a construction, maintenance or renovation humanitarian repayable withdrawal before? Yes No

If so, when? _____

2. Education

Student Name: _____ Age: _____

University or Institution of Study: _____

Student Enrolment Number (if applicable): _____ Course/Degree: _____

Length of Course/Degree: _____ Cost of Course/Degree: _____

Please attach documentation giving the name of the student, cost of education, line of study, confirmation of acceptance and enrolment documentation from the institution and documentation of other educational expenses.

3. Health Care

Patient Name: _____

Name and Contact Data for Doctor: _____

Name of Hospital if applicable: _____

a) Please attach a signed declaration to the following effect:

(i) that the PF Humanitarian Repayable Withdrawal is required to meet exceptional costs of complex health care not available within the Agency or Agency-funded facilities;

(ii) that the PF Humanitarian Repayable Withdrawal is required for me or my parents or one of my 'recognised dependants' as defined in Area Staff Rule 112.3(G) '... the term "dependants" shall be defined to mean one spouse and up to a total of seven unmarried dependent children for whom the staff member is in receipt of dependency allowance, but no other members of his/her family; and

b) The correctness of paragraph a) (i) is to be certified by Chief, Field Health Programme in the case of Field staff, by Director of Health in the case of staff based at Headquarters (Amman) and Chief, Field Health Programme, Gaza in the case of staff based at Headquarters (Gaza).

C. GENUINE FINANCIAL NEED FOR HUMANITARIAN PURPOSES

Under Personnel Directive No. A/ 6/ Part VII/ Rev.3/ Amend.4, a PF Humanitarian Repayable Withdrawal may be granted for humanitarian purposes and only if the financial resources cannot be met from other sources reasonably available to the participant. Accordingly, you must attempt to obtain the requested amount from "other resources reasonably available.

Have you attempted to obtain the financial resources from other sources reasonably available to you?

Yes No

If yes, provide the name of the other sources. _____

If your application was rejected, please provide the reason. _____

Please explain why you believe your PF Humanitarian Repayable Withdrawal application is for a humanitarian purpose.

D. PF HUMANITARIAN REPAYABLE WITHDRAWAL FINAL LUMP SUM REPAYMENT:

(i) Have you settled any of your previous withdrawals with a final lump-sum repayment? Yes No

(ii) If yes, when was your last final lump-sum repayment? _____

E. MY APPLICATION SATISFIES THE FOLLOWING CONDITIONS:

(i) The PF Humanitarian Repayable Withdrawal repayment period does not extend beyond my retirement date.

(ii) The maximum PF Humanitarian Repayable Withdrawal amount is the lower of my credit or 18 months base salary, minus outstanding PF Humanitarian Repayable Withdrawals.

(iii) The PF Humanitarian Repayable Withdrawal regular repayments will not exceed 25% of my monthly net base salary.

(iv) I have five years continuous service with UNRWA.

(v) My last PF Humanitarian Repayable Withdrawal final lump sum repayment, if any, was a minimum of six months ago.

**PF HUMANITARIAN REPAYABLE WITHDRAWAL APPLICATION
(To be completed by the Applicant)**

F. CERTIFICATION / UNDERTAKING

I certify that the statements made by me in answer to the foregoing questions and the accompanying documentation are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made or encouraged by me in order to secure a PF Humanitarian Repayable Withdrawal renders me liable to administrative and/or disciplinary action, including, but not limited to, the requirement that I immediately repay any monies lent to me for one of the purposes. I understand that any PF Humanitarian Repayable Withdrawal granted may be subject to follow-up verification procedures.

I understand that any PF Humanitarian Repayable Withdrawal which I receive pursuant to this application must be repaid by me through automatic monthly payroll deductions. I understand that if I receive a PF Humanitarian Repayable Withdrawal and (1) the primary residential property to be purchased is damaged or destroyed, or (2) the study to be financed does not result in any degree, or the course is not successfully completed, or (3) if the major medical expense are not actually incurred for any reason, I must satisfy my PF Humanitarian Repayable Withdrawal repayment obligation to UNRWA in full and without extension of time.

Name of Applicant	Signature	Employee No.	Date
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Name of Witness	Signature	Employee No.	Date
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ANNEX B
Provident Fund (PF)
Humanitarian Repayable Withdrawal Checklist

To be completed and signed by Personnel/HR Officers or Equivalent

SECTION 1

General	Yes	No
Has form been fully completed? (To be returned to applicant if NO)		
Has member completed a minimum of 5 years of continuous service?		
Is the PF Humanitarian Repayable Withdrawal request for less than the total staff balance or 18 months base salary (minus outstanding PF withdrawals)?		
Is final repayment date before the staff member's retirement date?		
Are total monthly repayments 25% or less of the member's monthly base salary?		
Is the PF Humanitarian Repayable Withdrawal amount \$USD 2000 or greater?		
With respect to previous PF Humanitarian Repayable Withdrawals, was the final lump sum repayment (if any) made more than 6 months ago?		
Primary Residential Unit or Land	Yes	No
If this is the second PF Humanitarian Repayable Withdrawal application for a primary residential unit or land, are there at least 10 years between the 1 st and 2 nd withdrawals?		
Construction, Maintenance and Renovation	Yes	No
Was the last application for a construction, maintenance or renovation PF Humanitarian Repayable Withdrawal more than 5 years ago?		
Is the construction, maintenance or renovation pertaining to a primary residential unit?		
Is the maximum repayment term 10 years or less?		
Has all relevant documentation been received? (No further processing of application to take place until ALL documents received)		
Health	Yes	No
Has declaration & certification been received?		
Is PF Humanitarian Repayable Withdrawal for staff member, his parents or recognized dependent? (As defined in area staff rules)		
Is the maximum repayment term 5 years or less?		
Has all relevant documentation been received? (No further processing of application to take place until ALL documents received)		
Education	Yes	No
Is the withdrawal for a staff member or recognized dependent? (Area staff rules)		
Is the maximum repayment term 6 years or less?		
Has all relevant documentation been received? (No further processing of application to take place until ALL documents received)		

DOCUMENTATION

NB - Only **original** documents to be cited. Originals to be returned once Field PF Humanitarian Repayable Withdrawals Committee have reviewed and copies are made.

Application to be rejected should any criteria be "No."

Checklist Completed by:

Name: _____ Title: _____

Date: _____

SECTION 2

To be used as a guideline only for Field and HQ PF Humanitarian Repayable Withdrawal Committees

FINANCIAL NEED

- Is committee satisfied that PF Humanitarian Repayable Withdrawal is for a humanitarian purpose and that member has a real financial need? Does the withdrawal remain within the mandate of the PF?
- Was no other source of finance available?

PURPOSE

Does application fit within defined purpose?

- **Housing:** For acquisition or renovation / maintenance of primary residential property unit or purchase land for primary residential purposes.
- **Education:** To meet the cost of elementary, secondary and post-secondary education for a staff member or his/her recognized dependant.
- **Health:** To meet exceptional costs of complex health care for the staff member or his/her parents or recognized dependant.

[Recognized Dependant as defined in Area Staff Rules]

TOTAL COMMITMENTS

- Is the total of UNRWA PF Humanitarian Repayable Withdrawal + all other outstanding PF Humanitarian Repayable Withdrawals serviceable by the staff member on his/her current income?

PREVIOUS REJECTIONS

- Has a previous PF Humanitarian Repayable Withdrawal application been rejected?
- If so how has the situation now changed?

HAS COMMITTEE SOUGHT TO MINIMIZE TERM OF PF HUMANITARIAN REPAYABLE WITHDRAWAL?

- Residential unit or land - 10 years
- Education - 6 years
- Health - 5 years

RENOVATION, MAINTENANCE PF HUMANITARIAN REPAYABLE WITHDRAWAL

- Is the maintenance, renovation for major works only and not cosmetic works?
- Are living conditions unfit for habitation?
- Is the construction for primary residential purposes?

DOCUMENTATION

- Has applicant provided all necessary documentation?
- Have originals been cited? Do they appear legitimate?

PRIORITIZATION OF PF HUMANITARIAN REPAYABLE WITHDRAWAL

1 = Member has high humanitarian need

2 = Member has medium humanitarian need

3 = Member has low humanitarian need

PF Field/HQ Humanitarian Repayable Withdrawal Committee Certification and Recommendation:

The Provident Fund Field/HQ (location) Humanitarian Repayable Withdrawal Committee hereby certify that the PF Humanitarian Repayable Withdrawals application of _____ **(Name)** for _____ **(Amount)** satisfies the required conditions and that the PF Humanitarian Repayable Withdrawals application recommended meets all the conditions:

Chairperson of (location) Provident Fund Field/ HQ Humanitarian Repayable Withdrawal Committee

Name: _____ Signature: _____

Date: _____

Chairperson of Central Provident Fund Humanitarian Repayable Withdrawal Committee
[If this application was selected in the sample to be reviewed by Central Committee]

Name: _____ Signature: _____

Date: _____

ANNEX C

PF HUMANITARIAN REPAYABLE WITHDRAWAL APPLICATION

ACCEPTANCE OF TERMS AND CONDITIONS OF PROVIDENT FUND HUMANITARIAN REPAYABLE WITHDRAWAL

At it's meeting on The Provident Fund Humanitarian Repayable Withdrawal Committee approved your Humanitarian Repayable Withdrawal for the purpose for the amount of to be repaid over a period ofmonths from the date of payment of the Humanitarian Repayable Withdrawal, the monthly repayment would be

I accept the terms and conditions of the Provident Fund Humanitarian Repayable Withdrawal

Name

Employee No.....

Date

Signature.....

Chairperson Provident Fund Humanitarian Repayable Withdrawal Committee (Location)

Name.....

Date.....

Field

Serial No.....

Signature.....

Acknowledgment

I, THE UNDERSIGNED, UNDERSTAND THAT THE PROVIDENT FUND (PF) HUMANITRIAN REPAYABLE WITHDRAWAL AMOUNT WILL BE INCLUDED INMY MONTHLY PAYROLL AND DEPOSITED IN MY LOCAL BANK ACOUNT.

_____	_____	_____	_____
NAME OF APPLICANT	EMPLOYEE NO.	SIGNATURE	DATE

_____	_____	_____	_____
NAME OF WITNESS	EMPLOYEE NO.	SIGNATURE	DATE