APPLICATION FORM FOR REIMBURSEMENT FROM
GOOD SAMARITAN FUND AT THE TIME OF CRISIS.

MUT, Civil Supplies Godown Street, Kamalatchipuram, Vellore-632 002
MUT REG.No. 1669/1993  Tel No. 0416 – 2260368, 9443370422.
E-mail: gsfund_mut@yahoo.co.in / mut.vellore@gmail.com

1. Name of the Organization: .................................................................
   Address:  Contact person’s Name: Phone No: Email Id:

2. Name of the Missionary : ................................................................. IMPACT / MUT Scheme No:
   Age: ____ ; Gender: Male / Female; Marital Status: Married / Unmarried.
   Address with Pin code & State:

   Phone No: Email Id:

3. Occupation of Spouse (Designation & Office of employment):

   Monthly Income: Rs. .....................

4. Purpose of the Claim:

5. Details of Travel Expenses:

<table>
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<tr>
<th>No</th>
<th>Name of the person travelling</th>
<th>Relationship With Missionary</th>
<th>Mode Of Travel</th>
<th>Distance K.M</th>
<th>Journey Start place</th>
<th>Journey End place</th>
<th>Fare Rs. Ps</th>
<th>Remarks</th>
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6. Declaration by Missionary: For claiming (strike out whichever is not applicable)

   A. One time Medical Treatment expenses for Dependent Parents: I hereby declare that my Father / Mother / In law – Mr./ Mrs. ___________________ is solely / partly dependent on me.

   B. Daughter’s delivery expenses: I hereby declare that this is for my First / Second daughter’s first Delivery expenses.

   Signature of Missionary: Date:

7. Details of Certified copies of necessary documents attached as proof:

   1. Xerox copy of the Ration Card./Medical Bills/Death certificate/Original travel tickets.
   2. Photo of the calamity struck area indicating the extent of damage/loss
   3. Write up about the crisis. 4. Newspaper Report about the persecution.
   5. Marriage Invitation. 6. FIR copy for theft or loss of belongings. 7. .........................
8. Amount Extended By the Mission:- Rs……………………
   (The General Secretary of the Mission can himself extend the assistance as per GS Fund norms and has to claim reimbursement from MUT, Vellore)

9. Organization’s Bank Details:
   a) Name of the Bank: ……………………………………………………………………………………
   b) Name of Branch: ………………………………… (c) IFS Code Number: …………………
   d) Computerized Account No: …………………… (e) Account Name………………………

10. Recommendation and details about the crisis:

   Signature & Stamp of the mission organization’s
   Authorized Signatory with Name: Date:

   THE GS FUND SCHEME

   Financial assistance is available for the following crisis:
   1. Travel during the Death / Critical / Terminal illness of dependent parents—both sides
   2. Medical Expenses for Critical/Terminal illness of dependent parents.
   3. Funeral Expenses of parents (only if there is no claim for travel expenses)
   4. Missionary’s children’s Travel to parents Funeral/Sickness
   5. Missionary’s Marriage/Missionary’s children’s Marriage
   6. First delivery of First and Second Daughters of the Missionary
   7. Support at the time of Persecution
   8. Loss of property due to theft & Natural Calamities.

   Please pay Rs. ……………… (Rupees……………………………………………………………………)

   To …………………………………………………………………………………

   Coordinator – GS Fund Date:

   Organization Paid on: