



**Government of The Republic of Trinidad And Tobago  
Ministry of Finance  
Treasury Division, Loans Management Unit**

**APPLICATION FOR LOAN TOWARDS INSURANCE/REPAIR OF MOTOR VEHICLE  
SECTION A – Applicant**

To: THE COMPTROLLER OF ACCOUNTS  
TREASURY BUILDING

I hereby apply for a loan of .....

.....Dollars and .....Cents towards:

(a) Insurance of Motor Vehicle Reg. No. .... \$.....

(b) Repair of Motor Vehicle Reg. No. .... \$.....

**\*This is my first Application for Insurance/Repair Loan:** Yes  No

Name of Applicant ..... Signature of Applicant.....  
(Block letters)

Applicant's Contact Number..... Date: .....

**SECTION B – Human Resource Unit**

Name of Applicant .....  
(Surname) (Other Names)

Former Name .....  
(Surname) (Other Names)

Date of Birth   
Day Month Year

Residential Address .....

Substantive Position .....

Ministry/Department .....

Division .....

Payroll Location.....

Acting Position.....

Ministry/Department .....

\*Contract Period from :

.....  
\*(for contract officers only)

Income Tax File   
N.I.S. No.

I.H.R.I.S. No.

.....  
Date Head of Department

**SECTION C – Accounting Unit**

I certify that Mr./Mrs./Miss.....is/is not indebted to the Government of the Republic of Trinidad and Tobago in respect of previous

Purchase/Insurance/Repair Loan as at .....as follows:-

Indebtedness: (a) Purchase Loan ... .. \$.....

(b) Insurance Loan ... .. \$.....

(c) Repair Loan... .. \$.....

Total Indebtedness... .. \$.....

Acctg. Unit Code

Sub Acctg. Unit

Tel. Contact No. ....

.....  
Date

.....  
Head of Accounting Unit

**SECTION D – PERMANENT SECRETARY/HEAD OF DEPARTMENT**

I hereby certify that Mr./Mrs./Miss..... an officer holding the Permanent/Acting/Temporary/Contact appointment of ..... is required to keep a Motor Vehicle. This post is scheduled under the Travelling Allowance Regulations.

**Authority** .....

.....  
**Head of Division**

.....  
**Permanent Secretary/Head of Department**

**Date:** .....

**Date:** .....

