



APPLICATION FORM FOR ASSISTANCE FROM RMW FUND AT THE TIME OF CRISIS – (Retired Missionary above 65 years)

MUT, Civil Supplies Godown Street, Kamalatchipuram, Vellore-632 002

MUT REG.No. 1669/1993 Tel No. 0416 – 2260368,9445920368

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Ethos: "MUT strives to meet the common unmet needs of needy retired missionaries. The small contribution that is given, is to help the fellow brother in distress."

1. Name of the Missionary .....

2. Age: \_\_\_\_ Gender: Male / Female; Marital Status: Married / Unmarried.

3. Address :

Email Id:

Phone No:

4. Name of the Organization: IMPACT No:

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

Monthly Income: Rs. ....

6. Purpose of the Claim: .....

7. Declaration by Missionary: For requesting Assistance (strike out whichever is not applicable ))

A. Daughter / Son 's wedding expenses

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

C. Funeral Expense of spouse :

Signature of Missionary:

Date:

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

1. Marriage Invitation. 2.. Medical Discharge summary (Delivery} . 3. Death Certificate or Funeral conducted certificate by the Pastor in charge : .....

. 8. Bank Details: (Attach copy of the First Page of the Bank's Pass Book)

a) Name of the Bank: .....

b) Name of Branch: ..... (c) IFS Code Number: .....

d) Computerized Account No: .....

e) Name of Missionary as in Pass Book :

**10. Recommendation of Mission and details about the crisis:  
RMW Annual Contribution paid up to :**

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

Date:

Retired Missionary – Non Medical Assistance

Financial assistance is available for the following crisis to **needy** RMs. (only If fund is available )

1. Missionary's children's Marriage
2. First delivery of First and Second Daughters of the Missionary
3. Funeral Expense of Retired Missionary & spouse

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MUT Office Use :

Nature of Crisis :

Please pay Rs. ...., ( Rupees . ..... )

To .....

Account Head : 23 / 69 – **Non Medical Expenses**

Coordinator –RMW

Date:

Missionary Paid on :

Mission Intimated on :

Missionary Intimated on: