

**GOVERNMENT OF THE VIRGIN ISLANDS
APPLICATION FOR A CAR LOAN
(GENERAL ORDERS 5.4)**

Revised 06/02

Applicant Information
(Must be accompanied by a Bill of Sale)

Name Date

Social Security Number Employee Number

Address

Telephone Home Work

Department/Ministry

Post Scale

Permanent and Pensionable Contract Temporary

Designated Travelling Officer Yes No

Spouse's Name

(a) Applicant's Monthly Salary

(b) Other Income (Specify)

(c) Total Monthly Income

By signing below, I affirm that the information I have given above is true and complete and forms part of this application and that I have not withheld any information. I authorize the Ministry of Finance, Economics and Development Planning to obtain further information about me as it relates to this application and to verify the information I have given.

Applicant's Signature Co-applicant's Signature Witness's Signature Date

Comments/Verification/Recommendation

Head of Department _____

Signature

Director of Human Resources _____

Signature

Ministry of Finance Use Only

Monthly Car Loan Principal and Interest payment cannot exceed 30% of (c).

Approved Denied Comments _____

Financial Secretary