

Funds application

Please complete the form electronically, print it out, sign it and send it with the required annexes to:

Swiss Refugee Council SRC, Funds Administration, Postfach, 3001 Bern

APPLICANT

Surname			
First name			
Address			
Postcode/Place			
E-mail			
Telephone			
Nationality		Date of birth	
Marital status	<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> divorced <input type="checkbox"/> widow(er)
Gender	<input type="checkbox"/> female	<input type="checkbox"/> male	Number of children
Date of entry	.	Date of asylum decision	
Residence status	<input type="checkbox"/> N	<input type="checkbox"/> B	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> S

REQUESTING ORGANIZATION

Name of organization	
Address	
Postcode/Place	
Contact person	
E-mail	
Telephone	

APPLICATION

Total costs	CHF
Possible one-off own contribution	CHF
Third-party contributions	CHF see Annex 2 (Third-party contributions)
Amount requested	CHF
Intended purpose of use	

PREVIOUS SUPPORT FROM SRC

Has the applicant already received financial support from SRC?	<input type="checkbox"/> yes <input type="checkbox"/> no
If so, what for? When?	

The undersigned persons confirm the accuracy of the information provided and are obliged to provide information to the SRC at any time.

An amount approved and paid out by the SRC may only be used for the purpose specified in the decision.

If the amount approved and paid-out is not used in full for the purpose specified in the decision, the remaining amount must be reimbursed to the SRC.

Place, date

.....

Applicant's first name and surname

.....

First name and surname of the contact person at the requesting organization

Contact person

Cécile Delbays

Telephone 031 370 75 75

fonds@fluechtlingshilfe.ch

Annex 1

Budget sheet (in CHF)		
Monthly income	Client	Partner
Net salary		
Social welfare		
Emergency aid		
Grants		
Insurance benefit (AVS/IA, pension fund, accident insurance, daily sickness allowance, supplementary benefits)		
Alimony		
Total client, total partner	0	0
Total of both partners	CHF 0.00	
Monthly expenses	Client	Partner
Living expenses (funds freely available)		
Rent (gross)		
Health insurance		
Insurance		
Taxes		
Job-related expenses		
Alimony, regular liability to third parties		
Debt-collection or repayment instalments (debts)		
Total client, total partner	0	0
Total of both partners	CHF 0.00	
Income less expenses (Total of both partners)	CHF 0.00	

Annex 2

(It is compulsory to complete Annex 2 if the amount requested exceeds CHF 1,000.00)

Third-party contributions

Requested institution/foundation	Pledged amount	Refusal	Request pending
	CHF	<input type="checkbox"/>	<input type="checkbox"/>
	CHF	<input type="checkbox"/>	<input type="checkbox"/>
	CHF	<input type="checkbox"/>	<input type="checkbox"/>
	CHF	<input type="checkbox"/>	<input type="checkbox"/>
	CHF	<input type="checkbox"/>	<input type="checkbox"/>
	CHF	<input type="checkbox"/>	<input type="checkbox"/>
	CHF	<input type="checkbox"/>	<input type="checkbox"/>

