

**Catholic Archdiocese of Lagos**

**Caritas Lagos**

19, Catholic Mission Street, Lagos

P. O. Box 8, Marina, Lagos. Email: arclagos@yahoo.com; info@lagosarchdiocese.org

**Application for Financial Assistance**

Name and Address of Applicant …………………………………………………….

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 …………………………………………………….

 …………………………………………………….

Telephone No. …………………………………………………….

Email Address …………………………………………………….

Diocese/Religious Congregation/ …………………………………………………….

Institution

 …………………………………………………….

Name/Address of Bishop/Superior …………………………………………………….

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Phone No. of Bishop/Superior …………………………………………………….

Email Address of Bishop/Superior …………………………………………………….

Object of the Request …………………………………………………….

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Account Details – Account Name …………………………………………………….

 Account No. ……………………………………………………..

 Bank Name ……………………………………………………..

Signature, Date and Seal of the Bishop/Superior Signature of the Applicant

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Concise description of the Project (you may use extra sheet if necessary)

Total cost of project ……………………………………..

Total local contribution (cash or kind) ……………………………………..

Total contribution from other sources ……………………………………..

Previously received from Caritas Lagos (if any) ……………………………………..

Amount requested now ……………………………………..

Date of Request ……………………………………..

(To be submitted before or on May 15th)