

ncsl member services a ncsl haus, douglas st, port moresby, png p 313 2000 f 320 0913 e membership@ncsl.com.pg ncsl.com.pg

## loan

application 1:2

Membership Number:				
Personal Details				
First Name:	Last Name:			
Current Employer:	Occupation:			
Commence Date:	Email:			
Phone:	Mobile:			
Place of Residence:				
Loan Details				
Amount Required: (K)	Purpose of Loan:			
Amount in words:				
Method of Payment				
Poro Account				
Poro Account Number:				
Note: Copy of bank statement to be provided if nominating the account to ncsl for the first time				
Collect in Person for Value Back Loyalty Program				
Payee Name:				
Please complete and provide all supporting documents (including last three payslips).				
Current Fortnightly Deducations to ncsl:	Other Deductions:			
Net Salary after all Deductions:				

## Personal Loan Agreement - Declaration

- I declare the information given in support of this application is true and correct. If the loan is approved, I undertake to do the following;
- To repay the loan amount with interest and stamp duty within the agreed time consistent with the Savings & Loan Societies (Amendment) Act 1995 and the Register of Savings & Loan Societies directives and in force from time to time rate of K per fortnight thereafter until this loan together with total interest is fully paid.
- Authorise my employer's Salary Section to deduct such rate of payment from my gross fortnightly salary and pay it direct to the Society.
- To give any security which may be required by the Society for the purpose of securing this loan and other loans with the Society AND FURTHER, acknowledge that the currency of this agreement is subject to my continued employment with my current employer and if otherwise and without effecting my general liability under this agreement the following shall become effective immediately:
  - a) the Society shall be at liability to apply my savings if any outstanding loan I may have had with the Society; and b) if after such application an amount of money is still owed by me the Society shall be entitled to cessation of
- employment benefits that may accrue to me and apply it against the amount still owed by me.

(day) (month)	
Signature:	
Employer Endorsement	
I employed as with	
(name) (HR/Payroll) (Employer N	Name)
hereby agree to deduct K from Mr/Mrs/Ms fornightly salary commencing	ng ppe
and remit these deduction to ncsl until the total amount owing to ncsl is fully repaid.	
Contact Details For HR/Payroll	
, ·	
Phone:	
Email: Signature:	
affix employer stamp here	

## Office Use:

Date Received:	Received By:	
Updated By:	Signature:	
Date Back Office:	Date:	

Date				
The Pay Master				
Dear Sir/Madam,				
IRREVOCABLE ORDER				
	ame Here)			
In consideration with loan accommodation granted or to be	granted to me from time to time by ncsl, you are hereby			
requested, authorised and directed that: -				
• In the event of completion of contract, my termination or resignation, any entitlements due to me such as resignation pay, leave pay, gratuity, commissions, housing and motor vehicle allowances;				
Any entitlements such as gratuity payment due during to	the term of my employment are to be forwarded to the said Society for			
the credit of ncsl loan account in the name of				
Deduct the sum of K from my salary every fortnight and credit to ncsl loan account in the name of  This order is given for valuable consideration, is irrevocable and may not be canceled without the consent of the said Society in writing.  This order also supersedes any current order in place.  Yours faithfully,				
Date:				
	Signature:			
Payrol Name:				
Nulle.				
Date:	Signature:			
Affix Employer Stamp Here				

## Credit & Data Bureau Client's Authorisation Clause

Dear Sir/Madam,

I hereby give my consent to NASFUND Contributors Savings & Loan Society Ltd (ncsl) to disclose information in regards to my financial status as per listed;

- to obtain a credit report containing personal financial and credit information in relation to the undersigned from a Credit Reporting Agency,
- 2. to utilize the credit report to assist in the assessment of any loan or credit application by me,
- 3. to exchange personal financial and credit information in relation to the undersigned with other credit providers including details of loans obtained from ncsl and,
- 4. to inform the Credit Reporting Agency of any default in the repayment of the credit provided to me.

Name:				
Nume.	Membership No:			
Mobile:	Email:			
Address:				
Date:				
	Signature:			
	J.g. id. di.			
Office Use:				
ncsl Processing Officer:	Date:			
Comments (Findings):				

Date				
Lending Manager				
NASFUND Contributors Savings & Loan Society Limited P O Box 7732, BOROKO National Capital District				
EMPLOYMENT CONFIRMATION				
This section of the 1:2 loan application must be completed and sto	imped by your HR or Payroll Officer.			
Name:	Employment Category:			
Date of Employment:	Annual Salary:			
Fortnightly Pay:	Position:			
Dept/ Section:	Accrued Long Service Leave:			
Next Annual Leave Date:	Others:			
Yours faithfully,				
Name:				
Designation:	Signature:			
Affix Employer Stamp Here				