

## Personal Loan Application Form ☐ 1:2 Loan ☐ 1:5 Loan

Membership Number:

### Personal Details

Complete the application form neatly and submit. Ensure to provide requirements listed on page 2. For enquiries, visit your nearest NCSL branch or our website: [www.ncsl.com.pg](http://www.ncsl.com.pg) or contact our Call Centre on 207 2000 or email: [callcentre@ncsl.com.pg](mailto:callcentre@ncsl.com.pg)

Loan Request:		Repayment Offered:	K <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Existing NCSL Loan Balance:		Purpose of Loan:	<input type="checkbox"/> Vehicle <input type="checkbox"/> School/Tuition <input type="checkbox"/> Household Items <input type="checkbox"/> Holiday <input type="checkbox"/> Housing <input type="checkbox"/> If others please specify _____
Total Loan Request:			
First Name:		Middle Name:	Surname:
Telephone:		Mobile:	Email:
Date of Birth DD/MM/YY	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
		Number of Children:	
<b>Current Place of Residence:</b> Section: _____ Lot: _____ Street/Suburb: _____ Date you moved there: ____/____/____		<b>Nearest Living Relative (Not living with you).</b> Name: _____ Relation: _____ Section: _____ Lot: _____ Suburb/Street: _____	
<b>Residence Type:</b> <input type="checkbox"/> Self (Provide Rate Notice) <input type="checkbox"/> Relatives <input type="checkbox"/> Rental Property <input type="checkbox"/> Employer Provided (Applicable only of Rental Property)		Email:	Telephone/Mobile:
		Work Postal Address:	

### Employment Details

Employment Details	Applicant
Employment Type:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Retired <input type="checkbox"/> Others (Part-Time/Casual)
Employer:	
Occupation:	
Date Commenced:	
Employer Address:	
Work Telephone & Mobile:	
Email Address:	
Previous Employer:	
Years at Previous Employer:	

### Credit History: (Credit Reference, Previous Loans, Finance Companies, Stores etc. Please attach Statements)

Institution 1:	Address:
Institution 2:	Address:
Institution 3:	Address:
Have you ever been declared bankrupt or had any judgement or legal proceedings entered or taken against you? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes provide details:	

## Statement of Financial Position

### A. Liabilities - What you owe

Home Loan	Section:	Lot:	Suburb/Street:	K
Vehicle Loan	Make:	Model:	Year:      Registration#:	K
NCSL Loans				K
Loans: Other Lenders				K
Other debts, hire purchase etc				K
Rates/Taxes/Over Draft Facility				K
Total Liabilities				K

### B. Fortnightly Income

Gross Fortnightly Salary	Provide 3 Latest Pay slips	K
Other Income provide details (optional)		K
		K
Total Fortnightly Income		K

### C. Fortnightly Expenses

Home Loans		K
Other Loans		K
Motor Vehicle Costs		K
Rent + Utilities		K
Insurance, Rates, Taxes		K
General Living Expenses & Others		K
Total Fortnightly Expenses		K
Net Surplus		K

### Loan Requirements

- |  |   |
|--|---|
| <input type="checkbox"/> Fully completed Personal Loan Application | <input type="checkbox"/> Valid Identification (Driver's Licence, Passport, Member ID) |
| <input type="checkbox"/> Letter of Employment                      | <input type="checkbox"/> Provide 3 months bank statement                              |
| <input type="checkbox"/> 3 x Latest Payslips                       | <input type="checkbox"/> Loan Statement from other Financial Institutions, if any     |

### Member Declaration

I hereby give my consent to NCSL to obtain and disclose my personal financial and credit information to ( 1 ) Credit Reporting Agency or other credit providers to assist us to access financial risk or to recover debt ( 2 ) any authority, regulator or government agency to assist with compliance obligations.

The details are true and accurate:

Signature:

Date:

## Salary Deduction

### Authorisation form

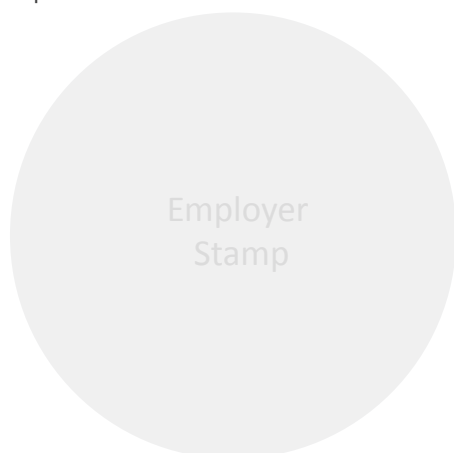
Employer Name:	Employer Code:
<b>Current Deductions</b> <input type="radio"/> fortnightly <input type="radio"/> monthly	<b>Proposed Deductions</b> <input type="radio"/> fortnightly <input type="radio"/> monthly
Poro Account: (K)	Poro Account: (K)
General Savings: (K)	General Savings: (K)
Education Savings: (K)	Education Savings: (K)
Christmas Repayment: (K)	Christmas Repayment: (K)
Long Service Leave Savings: (K)	Long Service Leave Savings: (K)
MMJV Housing Scheme Account: (K)	MMJV Housing Scheme Account: (K)
Loan Account: (K)	Loan Account: (K)
I authorise my employer to deduct the total amount of K _____ from my salary and paid <input type="radio"/> fortnightly <input type="radio"/> monthly to NCSL effective PPE Date: ____/____/____ without any delays.	
Members Full Name:	Membership Number:
Date of Submission:	Signature:

### Employer Acknowledgement:

I confirm that the particulars above are true and correct.

Date:	Membership Number:
Name:	Signature:

affix employer stamp here



Note: After completing this form e-mail it two (2) weeks before the beginning of the deduction period to: [membership@ncsl.com.pg](mailto:membership@ncsl.com.pg)

### For Office Only:

Date Received:	Received by:	
Date Recieved by Branch Support:		
Updated by:	Approved by:	Status: