

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

Membership Number:

### 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     |

### 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)

<b>Loan Request:</b>		<b>Repayment Offered:</b>	<input checked="" type="checkbox"/> K <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
<b>Existing NCSL Loan Balance:</b>		<b>Purpose of Loan:</b>	<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 _____
<b>Total Loan Request:</b>			
<b>First Name:</b>		<b>Middle Name:</b>	<b>Surname:</b>
<b>Telephone:</b>		<b>Mobile:</b>	<b>Email:</b>
<b>Date of Birth</b>	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
		<b>Number of Children:</b>	
<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)		<b>Email:</b> _____ <b>Telephone:</b> _____ <b>Mobile:</b> _____ <b>Work Postal Address:</b> _____	

### Employment Details

<b>Employment Details</b>	<b>Applicant</b>
<b>Employment Type:</b>	<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)
<b>Employer:</b>	
<b>Occupation:</b>	
<b>Date Commenced:</b>	
<b>Employer Address:</b>	
<b>Work Telephone &amp; Mobile:</b>	
<b>Email:</b>	
<b>Previous Employer:</b>	
<b>Years at Previous Employer:</b>	

**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? ☐ Yes ☐ 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 Loan		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		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

**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:
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## Salary Deduction

### Authorisation form

Employer Name:

Employer Code:

#### Current Deductions ☐ fortnightly ☐ monthly

Poro Account: (K)

General Savings: (K)

Education Savings: (K)

Christmas Repayment: (K)

Loan Account: (K)

#### Proposed Deductions ☐ fortnightly ☐ monthly

Poro Account: (K)

General Savings: (K)

Education Savings: (K)

Christmas Repayment: (K)

Loan Account: (K)

- I authorize my employer to deduct the total amount of K\_\_\_\_\_ from my salary.

- Paid: ☐ Fortnightly ☐ Monthly

- Effective Pay Period Ending \_\_\_\_\_

Members Full Name:

Membership Number:

Date of Submission:

Signature:

#### Employer Acknowledgement:

I confirm that the particulars above are true and correct.

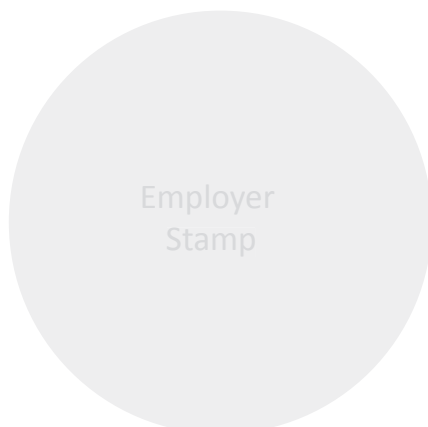
Date:

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:

Branch:

Date Received by Lending Unit:

Updated by:

Approved by:

Status: