



loan application 1:1

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 ncsI 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
Deductions to ncsI:

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 [redacted] 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.

Dated this day _____ of _____ year _____
(day) (month)

Signature: [redacted]

Employer Endorsement

I _____ employed as _____ with _____
(name) (HR/Payroll) (Employer Name)

hereby agree to deduct K _____ from Mr/Mrs/Ms _____ fortnightly salary commencing ppe _____
and remit these deduction to ncs1 until the total amount owing to ncs1 is fully repaid.

Contact Details For HR/Payroll

Phone: _____

Email: _____

Signature: [redacted]

affix employer stamp here

Office Use:

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