

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 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:				
Employer Endorsem	ent			
I		employed as		with
(name	e)		(HR/Payroll)	(Employer Name)
hereby agree to deduct K	<	from Mr/Mrs/Ms		fornightly salary commencing ppe
hereby agree to deduct K and remit these deductic			ncsl is fully repaid.	fornightly salary commencing ppe
	on to ncsl until the [.]		ncsl is fully repaid.	fornightly salary commencing ppe
and remit these deductio Contact Details For	on to ncsl until the [.]		ncsl is fully repaid.	fornightly salary commencing ppe
and remit these deductio	on to ncsl until the [.]		ncsl is fully repaid.	fornightly salary commencing ppe
and remit these deductio Contact Details For	on to ncsl until the [.]			fornightly salary commencing ppe
and remit these deduction Contact Details For Phone: Email:	n to ncsl until the HR/Payroll		ncsl is fully repaid. Signature:	fornightly salary commencing ppe
and remit these deductio Contact Details For Phone:	n to ncsl until the HR/Payroll			fornightly salary commencing ppe

Office Use:

Date	
The Pay Master	
·	
Dear Sir/Madam,	
IRREVOCABLE ORDER	
	Name Here)
In consideration with loan accommodation granted or to b	e 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 terminatio leave pay, gratuity, commissions, housing and motor v 	n or resignation, any entitlements due to me such as resignation pay, vehicle allowances;
• Any entitlements such as gratuity payment due during	g 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 fo	rtnight and credit to ncsl loan account in the name of
This order is given for valuable consideration, is irrevocab Society in writing.	le and may not be canceled without the consent of the said
This order also supersedes any current order in place.	
Yours faithfully,	
Date:	
	Signature:
Payrol	
Name:	
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;

- 1. 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:	Membership No:
Mobile:	Email:
Address:	
Date:	
	Signature:

Office Use:

ncsl Processing Officer:

Date:

Comments (Findings):

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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 stamped by your HR or Payroll Officer.

Employment Category:
Annual Salary:
Position:
Accrued Long Service Leave:
Others:
Signature: