



# NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY

Form SL2

P O Box 7732, BOROKO, National Capital District, Ph: (675) 325 7166, Fax: (675) 325 6347

## APPLICATION FOR PERSONAL LOAN



### PERSONAL DETAILS:

Membership Number:

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Surname:

Given Name:

### LOAN DETAILS:

NASCARE

Please complete and provide all supporting documents (including last three pay slips).

Current Fortnightly Deductions to NCSL:

Other Deductions:

Net Salary after all Deductions:



Kwila Insurance Corporation Ltd

**PERSONAL LOAN AGREEMENT - DECLARATION**

I declare that information given in support of this application is true and correct. If the loan is approved, I undertake to do the following:

1. 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 Registrar of Savings & Loan Societies directives and in force from time to time at a rate of K\_\_\_\_\_ per fortnight and fortnightly thereafter until this loan together with total interest is fully paid.
2. Authorise my employer's Salary Section to deduct such rate of repayment from my gross fortnightly salary and pay it direct to the Society.
3. 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 liberty to apply my savings if any outstanding loan I may have had with the Society; and
  - b. if after such applications an amount of money is still owed by me then 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 of Applicant: \_\_\_\_\_

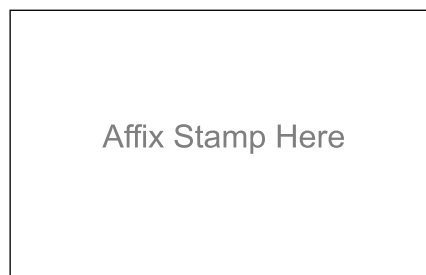
**EMPLOYER ENDORSEMENT:**

I \_\_\_\_\_ employed as \_\_\_\_\_  
(Name) (Position)

with \_\_\_\_\_ hereby agree to deduct K\_\_\_\_\_ from  
(Employer Name)

Mr / Mrs / Ms \_\_\_\_\_ fortnightly salary commencing ppe \_\_\_\_\_ and remit these deductions to the NCSL until the total amount owing to the NCSL is fully repaid.

Employer contact number: \_\_\_\_\_



**OFFICIAL USE ONLY**

Current Savings Balance:

Outstanding Loan Balance:

Amount Available for Borrowing:

Loan Application Type (Tick ):

New Loan

Additional Loan

If additional loan, when was the last loan approved:

If additional loan, was a cash deposit received and when was this:

Maximum Loan Repayment Period: (Month/Year):

Total Amount (including Interest to be RePaid):

Minimum Required fortnightly repayments:

**Loans Officer Analysis and Recommendation**

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Applicable Interest:

Stamp Duty:

Name:

Signature:

Dated this day

of

year

LOAN COMMITTEE / MANAGER (Tick ):

Approved

Not Approved

Comments:

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