



Finance Application

TO BE COMPLETED BY BORROWER

I wish to apply for an EsiLoan of K repayable over fortnights
for the purpose of:

School Fees Medical Bride Price Travel Debt Repayments Others (specify)

Please tell us about yourself

1 Mr/Ms/Mrs Surname

2 First Name Middle Name

3 Date of birth / / 4 Age

5 Is this your first Application?
 Yes No

6 Marital Status Single Married Divorced Widow 7 Number of dependants

8 Nasfund / Nawbawan Super ID (first time borrowers only) Expiry Date / /

9 Residential Address Street
Suburb/Town
Province Number of years there

10 Previous Address

11 Your E-mail address

12 Your Mobile number

Your Employment Details

13 Title/Occupation

14 Date started work / / Length for employment Years Months

15 Employer's Name

16 Employer's address
Province

17 Phone Number Fax Number

18 Gross wage per fortnight

19 Previous Title/Occupation and length of employment (if current length of employment in current role less than 3 years)

Length for employment Years Months

Loan disbursement – EsiLoan Cash Card number
60104066

This agreement is made on the date set out below and is between Kina of PO Box 1141, Port Moresby 121, National Capital District, Papua New Guinea

and (Your name) of (Your company)

The applicant (Borrower) offers (Offer) to borrow the amount of credit (Loan) specified in the schedule below (Schedule) on the terms and conditions set out on the back of this document. Kina may accept the Offer by its authorised officer signing this document. If Kina accepts the Offer, Kina will provide the Loan in accordance with the terms set out in this document. The Borrower also authorises Kina to date and complete the Schedule. By signing this application the Borrower acknowledges that the Borrower has read and understood the terms and conditions contained on the back of this document and declares that the particulars contained in this application are true and correct. Any incorrect information provided by the Borrower in connection with this application may result in Kina suffering loss or damage and the Borrower hereby indemnifies Kina without limit in respect of all such loss or damage.

Your Signature (Borrower) X
Date / /

Name of Witness

Signature of Witness X

TO BE COMPLETED BY KINA ONLY

Payroll # Customer Alpha Code Account Executive Referrer

Schedule Amount of Credit K Interest Rate % Repayment Details: Repayment amount K Total number of Repayments Fortnights The First Payment is due on: / /

Application Fee K Repayment Source Salary Deduction Payment Variation Advice (PVA) ID Checklist attached and complete

Amount Approved: K By: (Name - Print) Date / /

Accepted for and on behalf of Kina X X X