

SKY FINANCE

Loan Application Form

GPO Box 18416, Suva, Fiji Islands Phone: 330 0015 | 270 2165 | 725 5267 Tebara House, Level 1, Nina Street, Suva.

S K 0 0 0	Loan Amount::Repayment Term:			
First Name:	(Please circle one) Weekly Fortnightly			
Surname:	Date of Birth:			
FNPF No: TIN No:	Driver's Lic. No:			
Mobile No(s): Personal Email:				
Postal Address:				
Bank: Account No:	Phone (Home):			
Province: Suburb: Suburb:	Street: Section: Lot:			
(Please circle one) Accomodation type: Own / Rent / Relative	Province/Village:			
Employer:	Employer Address:			
EDP/TPF/Regiment, etc.:	Occupation:			
Office Phone:	Office Email:			
Date of Employment:/	(Please circle one) Employment type: Permanent / Casual / Probation			
Supervisor's name:	Paymaster's name:			
Spouse Details				
First Name: Surname:	Date of Birth:/ Occupation:			
Employer:	Employer Address:			
Email: Phone No:				
Details of Close Relative				
First Name: Surname:	Relationship: Date of Birth://			
Occupation: Employer:	Employer Address:			
Email: Phone No:				
Residental Address				
Province: Suburb: Suburb:	Street: Section: Lot:			
Phone (Home): Mobile:				
Irrevocable Salary Deduction Authority				
To (Name of Employer):	Subsidiary/ Department:			
	, .			
Address of Employer:				
Employment Duration: Employment Status:	Please Tick Permanent Casual			
Consent / Authority	to the state of th			
I, hereby consent and authorise you to deduct from my salary / wages the sum of \$forforfor fortnights / weekly effective				
Signature: Date:/				
Certification by Employer				
We acknowledge this Irrevocable Authority and Confirm that the applicant in employment contract of this employee will not be expired within the next or The information given is correct and agreed to be bound by its terms				
Name: Signature: Signature:				
Date:Title:				

Client Agreement / Declaration				
I acknowledge the following terms and	conditions in regards to this bor	rowing made by me:		
 E. I agree that Sky Finance shall take s F. In the event of Annual Leave or Recr G. In the event of suspension from w H. In the event of my termination, death, recouped from my final entitlement. I. If I miss a deduction I will pay ca 	every installment will accrue to my lean the amount agreed on, I agree will continue to accrue even after the steps to commence recovery action reation leave, my outstanding repayork, salary deduction would core, resignation, retrenchment; any outstanding repayork, salary deduction would core, resignation, retrenchment; any outstanding repayork, salary deduction would core, resignation, retrenchment; any outstanding remains a second residual remains a second re	loan account each time that default fee of 20% e agreed installment per n at any time after the first ayable loan amount will be mmence immediately untstanding balance repayanceount to avoid the after that the secount to avoid the after that the second that	as per the short fall be imposed. riod has lapsed until balance owed is fully settled. st default. be deducted from my leave entitlements. pon resumption of duties. yable loan including penalty charges will be	
I certify that the all particulars supplied here are correct and true to the best of my knowledge.				
Client agrees to Credit Report and Disc	<u> </u>	ature:	Date:/	
	I the client agrees that the item		ion regarding the client and appropriate ing agency or credit provider.	
the purpose of assessment by S (ii) that Sky Finance may use inform commercial activities or commercial activities or commercial activities or commercial activities or commercial application for this Service); and (iii) that Sky Finance may give to an from such a report for any one of a) assessing an application by notifying to exchange with relation to any account(s) has a second or commercial to the second of the sec	Sky Finance for the application for a mation provided by the credit repor recial creditworthiness) for the purped and receive from other credit provide or more of the following purposes: y the Client for the personal loan, or obtaining information form other neld by the Client with them or Sky	a personal loan. ting agency(s) (including bose of assessing an appear or credit rating agency Client's creditworthines or credit providers in relat Finance.	personal information and credit record for g information that concerns the client's plication for personal loan (including the y any credit report or information derived s or the Client's continuing credit worthiness; and ion to the conduct or status of or default in tood the terms and conditions of this contract.	
	Signature	<u>.</u>	Date:/	
FOR OFFICE USE ONLY				
Received by:	Date:/	Time:		
(Please tick) New Existing	Branch Co	ode:	Sales Code: S K 0 0	
Existing Loan Number:	New Loan Num	ber:		
Loan Break Up				
Loan Amount:	Interest:	Balance O/S:		
Offset:	Fees:	G/Repayable:		
Refinance:		NOF:		
Net Loan:	Repayable:	Deduction:		
	(Please tick) Weekly:	Fortnightly:		
Checked by:	Approved by:		Data Entry by:	
Signature and Date	Signature and Date		Signature and Date	