4-TOUCH Finance

"For touching peoples need through financing"

POM - HEAD OFFICE
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P O BOX 5022
BOROKO, NCD
Phone: (676)71807193/ 75381108
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HAGEN OFFICE
Wamp Nga Haus
PO BOX 198
Mt HAGEN
72156811

PERSONAL LOAN APPLICATION FORM

Code: "DUTEN"

PART A: PERSONAL DETAILS

Given Name: (Mr/Mrs/Ms/Miss)..... Surname: .....

Gender: ..... Date of Birth ..... Age:..... Marital Status .....

Home Province: ..... Village: ..... District .....

Personal Number: (675)..... Email Address: .....

Current Residents: .....Suburb: ..... Section: .....

Lot: ..... Personal Address: .....

SPOUSE DETAILS (if married)

Full Name: ..... Occupation.....

Mobile: (675) ..... Spouse Employers' Address: .....

CHECKLIST

1. loan application fill & Sign ☐
2. Statutory Declaration Form ☐
3. Agreement/ISDA Form ☐
4. Copy of ID Photo ☐
5. 2x Latest Payslips ☐
6. Confirmation Letter ☐
7. PVA Signed Copy ☐
8. Data Input Copy ☐

CLIENT'S LOAN HISTORY

1. New Client ☐
2. Existing Client ☐
3. Add Loan ☐
4. Top-up Loan ☐
5. Fresh/Ex-New Loan ☐

LOAN BREAK-UP

1. Loan Amt K.....
2. 5% Fee K.....
3. O/S Bal K.....
4. Payout Bal K.....

PART B: EMPLOYMENT DETAILS

Occupation: .....Employer: ..... Employee File #: .....

Date of Start Work: ..... Years of Service: ..... Landline Phone: .....

Mobile:(675) ..... Postal Address: .....

Location: ..... Fax: ..... Province: .....

Work Email Address: .....

PART C: CLOSE RELATIVE (WHO IS WORKING)

Full Name: ..... Occupation: ..... Employer: .....

Postal Address: ..... Office Phone: ..... Mobile: ....

Email Address: ..... Relationship: ..... Residence: .....

PART D: BANK ACCOUNT DETAILS

Account Name: ..... Account Number: .....

Bank Name: ..... Branch: ..... Account Type: .....

PART E: LOAN DETAILS

Loan Amt: K..... NOF: ..... Purpose of Loan: ..... Gross Pay: K..... Net Pay K.....

PART F: IRREVOCABLE SALARY DEDUCTION AUTHORITY (ISDA)

I ..... have authorised **K**..... to be deducted per fortnight for ..... Consecutive fortnights commencing on Pay # ..... and ending on Pay # ..... from my salary for the TOTAL PAYMENT of **K**..... which includes interest owed to 4 Touch Finance.

.....	.....	.....
(Applicants' Signature)	Payroll Officer/OIC Salaries (signature)	(Name)
Date: ...../...../.....	Title:	Date: ...../...../.....

PART G: APPLICANT'S AGREEMENT (*Must read and fully understand before signing*)

1. I totally agree to pay as per my repayments schedule amount on each pay day as stated on the **PVA**, **Irrevocable Salary Deduction Authority (ISDA**), or **Split Pay** form for the loan amount obtained from **4-Touch Finance**.
2. In the event I cease employment by termination, suspension, retrench or resignation, I agreed that **4-Touch Finance** has every right to recoup my outstanding loan from my final entitlements and also I will make cash payments to settle my loan balance.
3. I understand and agree that a penalty fee of **30%** per fortnight will be charged for every single fortnight my deduction does not go to **4-Touch Finance** or less than agreed amount (short fall) for repayment of this loan.
4. In the event that I default by the second fortnight, I consent **4-Touch Finance** to issue me a Reminder Letter/Notice, Warning Letter and followed by Demand Letter leading to legal proceeding to recoup its total money owing. 4-Touch Finance can recoup its loan outstanding from my final entitlements or do reloads or rebound my assets to redeem their balance owning, should I perish without fully settling my debts at the Public Curators.
5. I further consent that in the event that my employer does not remit deduction via Split Pay or PVA, I will establish Bank Standing Order (BSO) in my account to repay all dues and if it leads to Legal proceedings, I agree to pay all legal costs inclusive of OK Finance's recovery process fees and charges.
6. I agree that **5%** (Tax) of the LOAN AMOUNT will be taken by **4-TOUCH FINANCE** as Commission tax.

I ……. Employment number …… having read and understood the terms & conditions as stated above and hereby agree to all.

Signature: …… Date: ……..

PART H: DEPARTMENT AGREEMENT

Only for Personal Officer or OIC Salaries

1. I certify that the information provided in this application is correct in every particular.
2. This deduction towards **4-Touch Finance** will not be ceased prematurely until the loan obtained is fully paid with interest.
3. All commencement of deductions will be entered immediately.
4. **We will not stop any deductions once commenced, unless authorised by 4-Touch Finance**.
5. In the event that the employee defaults, death, retrenchment, termination, resignation without completion of loan, we will cooperate with Court Orders against the client.

Full Name: ……. Title: …….

Office Phone: …… Mobile: …… Email: …….

Department Stamp:

I, …….. , declare that the information I have supplied above are true and correct to the best of my knowledge.

Signature: ……. Date: ……...

PART F: LOAN REQUIREMENTS

a) 3X Current Latest Payslips
b) Employment Confirmation Letter
c) Bank Statement Showing 3 Salary Credits
d) Copy of ID, Driving License, NID or Passport

PAPUA NEW GUINEA

STATUTORY DECLARATION

I, (a)..... Of P O Box .....

am employed by ..... , File No .....

Designation: .....

(b) do solemnly and sincerely declare that;

(i) I have read and understood the contents of the agreements set out therein 4 Touch Finance loan application form.

(ii) I am applying for a loan of K_____ and agree to repay at K_____ per fortnight for _____ fortnights until I have fully paid off the balance of K_____ which incldues the principal and the interest owed to 4 Touch Finance.

(iii) In the event that I default, I authorise 4 Touch Finance to charge 30% on to my loan balance as Default Fee (s) on every single missed repayment or reduced repayments until the deduction recommenced.

(iv) I undertake to effect an Irrevocable Salary Deduction Authority (PVA)/Split Pay to deduct from my fortnightly pay with effective from Pay _____ and ending Pay _____.

(v) I will make it my responsibily and agree to make cash payment or direct deposit into 4 Touch Finance account in the event that my deductions ceased prematurely. I will also make my business to recommence my deductions with my payroll for any outstanding loan balance including the principal, interest, default Fees and others.

and I make this solemn declaration by viture of ***Oaths, Affirmations and Statutory Declaration Act*** 1962 conscientiously believing the statements contained there in to be true in every particular.

Declared at ..... on

This .....day of.....20.....

(c) X.....

Before Me

(d).....

(e) Lawyer.....

SENIOR LAWYER PETERSON KEWA LLID-UPNG COMMISSIONER FOR OATHS

(a) Here insert name, address and occuption of perso making the declaration.
(b) Here insert the matter declared to. Where the matter is long, it should be set out in numbered paragraphs.
(c) Signature of person making the declaration.
(d) Signature of person before whom the declaration is made.
(e) Here insert title of persom before whom the declartion is made.

Note: Any person who willfully makes a false statement in a Statutory Declaration is gulity of a indicatable offence, and is indictable offence, and is liable of **imprisonment, with or without hard labour, for four years.**

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TO: OIC STAFF AND SALARIES DEPARTMENT OF EDUCATION FINCORP HAUS P O BOX 446, WAIGANI NATIONAL CAPITAL DISTRICT

DELIVERED BY:	
SIGNATURE:	
DATE:	

Employee #								

SURNAME:	
GIVEN NAME (S):	
SCHOOL:	
PROVINCE:	

I hereby authorized you to deduct from my salary an amount of K _____for the period of _____ consecutive fortnights to the TOTAL SUM of K _____ and remit to 4 Touch Finance. In the event of any paid leaves, I further authorize you to deduct a lump sum from my leave entitlements to cover the deduction of my leave. I also agree that in the event of cessation of employment, my outstanding repayable loan will be deducted from my final entitlements.

THIS AUTHORITY IS IRREVOCALE WITHOUT WRITTEN CONSENT FROM 4 TOUCH FINANCE.

DEDUCTION CODE	Description	A/U/D	Amount per F/N	Total Amount
DUTEN	4 Touch Finance			

_____ _____

Employee Signature Date

EDUCATION DEPARTMENT USE ONLY

Received By:_____ Date: ____/_____/_____ Commencement Date: _____/_____/_____ Checked By: _____ Date: _____/_____/____ Approved By: _____ Date: _____/_____/____	Entered By: _____ PAY NO: _____ Date Entered: _____