

PERSONAL DETAILS		APPLICANT		JOINT APPLICANT 1		JOINT APPLICANT 2	
Title		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
Surname							
Given Names							
Father's Name							
Date of Birth							
FNPF Number							
Residential Address							
- Start Date of Residency	____ / ____ / ____		____ / ____ / ____		____ / ____ / ____		
Previous Address (if less than 3 years)							
Postal Address							
Citizenship	<input type="checkbox"/> Fiji Resident <input type="checkbox"/> Non Fiji Resident	<input type="checkbox"/> Fiji Resident <input type="checkbox"/> Non Fiji Resident	<input type="checkbox"/> Fiji Resident <input type="checkbox"/> Non Fiji Resident	<input type="checkbox"/> Fiji Resident <input type="checkbox"/> Non Fiji Resident			
Home Phone	()		()		()		
Mobile Number	()		()		()		
Email Address							
Additional Information	Is the Customer a 'Politically Exposed Person - PEP? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is the Customer a 'Politically Exposed Person - PEP? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is the Customer a 'Politically Exposed Person - PEP? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is the Customer a 'Politically Exposed Person - PEP? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Employer							
Occupation							
Employment Status							
Period of Employment							
Address of Employer							
Business Phone Number							
Business Fax Number							
Previous Employer							
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Single			
Number of Dependents							
Ages of Dependents							
Spouse's Name							
Spouse's Occupation							
Spouse's Contact							
Next of Kin - Other than Spouse/Dependant							
Name							
Relationship							
Contact							
Residential Address							

LOAN APPLICATION FORM

LOAN DETAILS												
LOAN DETAILS <small>(Specify your loan amount, contribution and brief comments on the purpose of loan.)</small>	PROJECT PURPOSE <input type="checkbox"/> PURCHASE PROPERTY <input type="checkbox"/> UPGRADING/RENOVATIONS <input type="checkbox"/> REFINANCE <input type="checkbox"/> PERSONAL PURPOSES <input type="checkbox"/> MOTOR VEHICLE											
	LOAN AMOUNT & CONTRIBUTION DETAILS <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">PROJECT COST</td> <td style="width: 20%; text-align: right;">(A)</td> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;">=</td> </tr> <tr> <td>less CONTRIBUTION</td> <td style="text-align: right;">(B)</td> </tr> <tr> <td>LOAN AMOUNT BOUGHT</td> <td style="text-align: right;">(A)-(B)</td> </tr> </table>					PROJECT COST	(A)	=	less CONTRIBUTION	(B)	LOAN AMOUNT BOUGHT	(A)-(B)
	PROJECT COST	(A)	=									
less CONTRIBUTION	(B)											
LOAN AMOUNT BOUGHT	(A)-(B)											
	CONTRIBUTION TYPE <input type="checkbox"/> CASH <input type="checkbox"/> FNPF <input type="checkbox"/> OTHER (specify) <input type="text"/>											
COMMENTS ON PURPOSE OF LOAN												
ASSETS & LIABILITIES												
BANK ACCOUNT DETAILS	ACCOUNT TYPE	NAME OF BANK		ACCOUNT NUMBER	BALANCE							
	SAVINGS											
	TERM DEPOSITS											
	CHEQUE (CREDIT BALANCE)											
	TOTAL SAVINGS, CHEQUE & TERM DEPOSITS (add the above balances)					<input type="text"/>						
	OVERDRAFT											
	CREDIT CARDS											
	LOANS											
	TOTAL CHEQUE, CREDIT CARD & LOAN ACCOUNTS (add the above balances)					<input type="text"/>						
ASSETS & LIABILITIES <small>(Please fill in all relevant fields and ensure to provide evidence for all)</small>	LIABILITIES	AMOUNT OWING	HFC ASSESSMENT (leave blank)	ASSETS	PRESENT VALUE							
	BANK ACCOUNTS			BANK ACCOUNTS	HFC ASSESSMENT (leave blank)							
	TOTAL DEBITS (A)	<input type="text"/>		TOTAL CREDITS (B)	<input type="text"/>							
	CHEQUE (CREDIT BALANCE)	<input type="text"/>		CREDIT UNION SAVINGS	<input type="text"/>							
	LOANS ON LIFE POLICIES	<input type="text"/>		LIFE POLICIES (SURRENDER VALUE)	<input type="text"/>							
	HIRE PURCHASE ACCOUNTS			REAL ESTATE PROPERTY								
	COURTS	<input type="text"/>		LAND VALUE	<input type="text"/>							
	CARPENTERS	<input type="text"/>		BUILDINGS & IMPROVEMENTS	<input type="text"/>							
	OTHERS	<input type="text"/>		HOUSEHOLD CONTENTS	<input type="text"/>							
	OTHER LIABILITIES			MOTOR VEHICLES								
	TAXATION	<input type="text"/>		MAKE	<input type="text"/>							
	RATES	<input type="text"/>		MODEL	<input type="text"/>							
	CREDIT UNION LOANS	<input type="text"/>		YEAR	<input type="text"/>							
	GROUND RENT	<input type="text"/>		FNPF	<input type="text"/>							
	OTHERS	<input type="text"/>		PRIMARY APPLICANT	<input type="text"/>							
TOTAL LIABILITIES (C)		<input type="text"/> \$ <input type="text"/>	JOINT APPLICANT 1	<input type="text"/>								
SURPLUS/SHORTFALL (D-C)		<input type="text"/> \$ <input type="text"/>	JOINT APPLICANT 2	<input type="text"/>								
TOTAL (D)		<input type="text"/> \$ <input type="text"/>	BUSINESS SHARE	<input type="text"/>								
			ESTATE SHARE	<input type="text"/>								
			OTHERS	<input type="text"/>								
			TOTAL ASSETS (D)									
			<input type="text"/>	<input type="text"/> \$ <input type="text"/>								
COMMENTS ON FINANCIAL POSITION												
<small>(Please provide any information you feel is important to support your Financial Position)</small>												

LOAN APPLICATION FORM

INCOME & EXPENDITURE

INCOME	MAIN APPLICANT	+	JOINT APPLICANT 1	+	JOINT APPLICANT 2	=	TOTAL ANNUAL INCOME	HFC ASSESSMENT (Leave blank)
GROSS ANNUAL INCOME								
OTHER INCOME								
TOTAL ANNUAL INCOME								
AVERAGE MONTHLY INCOME	MAIN APPLICANT	+	JOINT APPLICANT 1	+	JOINT APPLICANT 2	=	TOTAL MONTHLY INCOME	HFC ASSESSMENT (Leave blank)
NET SALARY								
NET BUSINESS INCOME								
NET RENTAL INCOME								
OTHER REGULAR INCOME								
TOTAL MONTHLY INCOME (A)								
MONTHLY EXPENSES	MAIN APPLICANT	+	JOINT APPLICANT 1	+	JOINT APPLICANT 2	=	TOTAL MONTHLY EXPENSES	HFC ASSESSMENT (Leave blank)
FIXED EXPENSES								
HOUSING LOAN REPAYMENT								
PERSONAL LOAN REPAYMENT								
OVERDRAFTS								
CREDIT CARD								
HIRE PURCHASE								
OTHER FIXED COMMITMENTS								
TOTAL MONTHLY EXPENSES (B)								
SURPLUS/(DEFICIT)	(A-B)							

IMPORTANT - DECLARATION & SIGNOFF

1. I / We agree and acknowledge that the written details on this form are true and correct and are given in support of my loan application and / or account review dated as above the contents of which are also confirmed correct."
2. /We undertake to make cash/direct deduction/lodgment towards repayment of principle and interest of the loan at HFC. I / We undertake to advise HFC of any changes to pay day that will affect the remittance of such deduction.
3. I / We authorise HFC to obtain a consumer credit report from any credit reporting agency about me / us which can include my credit worthiness, credit history or credit capability) and / or obtain from other Banks of Financial Institutions a banker's report / opinion about my / our credit worthiness for purposes connected with my / our business, trade or profession. I / We understand this information may be given and used to assess this credit application or account review, to assess my credit worthiness, to assist me / us to avoid default and to notify other credit providers of any default by me / us.
4. I / We acknowledge that the terms of approval of this credit application or account review will be subject to the Consumer Credit Act and any other statutory regulations governing such approvals from time to time.
5. I / We understand that all legal, valuation and other costs are payable by me / us and if any such payments including insurance premiums are in arrears, HFC may debit my / our account to pay these and levy appropriate service fees.
6. I / We further certify that I am / we are not less than 18 years of age or an undischarged bankrupt(s).
7. I / We confirm that there is no pending judgement / civil or bankruptcy action against me / us.
8. I / We confirm that I / We are not suffering from any sickness that would affect my / our employment thus effecting the serviceability of the loan at HFC.
9. I / We declare that the credit provided by HFC will be applied wholly or predominantly for the purpose of the project mentioned in this application.
10. I / We confirm that any previous withdrawal of funds from FNPF have been declared to HFC.
11. I / We accept that my / our account shall be reviewed annually by HFC to determine the ongoing safety of the debt with the organisation and all information that shall be required by HFC will be provided by me / us.
12. HFC Bank to communicate to me/us electronically through emails, Short Message Services (SMS) and or any other means, regarding my accounts, any news and messages including any product(s) promotions.

My signature below evidences my stated understanding, acknowledgement, authority and consent to all matters set out in this declaration.

MAIN APPLICANT

JOINT APPLICANT 1

JOINT APPLICANT 2

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