



# AIR NIUGINI SAVINGS & LOAN SOCIETY LTD

*Your Key for a Better Future*

## MEMBERSHIP APPLICATION FORM

### PERSONAL DETAILS

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Gender:  Male  Female  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### EMPLOYMENT DETAILS

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Staff No.: \_\_\_\_\_  
Department: \_\_\_\_\_ Port of Work: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Employment Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

### RESIDENTIAL DETAILS

Suburb: \_\_\_\_\_ Allotment: \_\_\_\_\_ Section: \_\_\_\_\_  
Residential Address: \_\_\_\_\_

### NEXT OF KIN DETAILS

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age of Next of Kin: \_\_\_\_\_ Percentage: \_\_\_\_\_%  
Address: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age of Next of Kin: \_\_\_\_\_ Percentage: \_\_\_\_\_%  
Address: \_\_\_\_\_

Have you been a previous member of ANGSL? If so, when did you terminate your membership? \_\_\_\_\_  
Are you a member with another Savings & Loan Society? If yes, please state \_\_\_\_\_

I hereby apply to become a member of Air Niugini Savings & Loan Society Ltd and I agree to pay all charges required by the rules of the Society and by any amendments thereof registered in accordance with the Savings and Loan Societies Ordinance 1961 - 1971 (as Amended). I also agree that K5.00 be deducted from my deposit as my Share Capital to be a Shareholder of the Society.

### APPLICANT

### WITNESS

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*Note: This application Form must be completed with an Irrevocable Deduction Authority Form and a Medical & Life Insurance Benefit Scheme Proposal Form.*

### FOR OFFICE USE ONLY

Approved / Declined / Deferred

\* Check if the applicant has not been a member in the last six months \_\_\_\_\_

\* Does applicant qualify to be a member? Yes / No

\_\_\_\_\_  
Signature of Authorised Officer

A/C created in the Computer: \_\_\_\_\_

First Deduction: \_\_\_\_\_ Action Officer: \_\_\_\_\_



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## IRREVOCABLE DEDUCTION AUTHORITY FORM

Date: \_\_\_\_\_

The Paymaster

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam,

### SUBJECT: IRREVOCABLE DEDUCTION AUTHORITY

I, \_\_\_\_\_ Staff No. \_\_\_\_\_

Occupation \_\_\_\_\_ Department \_\_\_\_\_

Hereby authorise you to deduct the sum of \_\_\_\_\_ K \_\_\_\_\_  
each fortnight from my salary and that you pay this money to Air Niugini Savings & Loan Society Ltd.

This authority will also allow you to deduct from any monies payable by my employer upon my retirement or termination of my employment. Such sum as the Air Niugini Savings & Loan Society Ltd shall advise is owing to clear my indebtedness to the Society and to accept their receipt thereof.

### NEW DEDUCTIONS

Minimum	K5.00	S1	_____	Personal Savings
Minimum	K10.00	S2	_____	Oncall Savings
Minimum	K10.00	S3	_____	Christmas Savings
Minimum	K10.00	S4	_____	School Fee Saver
Minimum	K36.00	S5	_____	Life/Medical Saver
Minimum	K5.00	S6	_____	Pikinini Savings
Minimum	K10.00	S7	_____	Housing Savings
			_____	Total

*This authority shall not be revoked without the consent and approval of Air Niugini Savings & Loan Society Ltd.*

### APPLICANT

### WITNESS

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff ID No.: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by Society: \_\_\_\_\_ Date: \_\_\_\_\_