



AIR NIUGINI SAVINGS AND LOAN SOCIETY LTD.

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MEMBERSHIP APPLICATION FORM

A. PERSONAL DETAILS

Surname:		Middle Name:		Give Name:	
Date of Birth:		Age:		Gender: M/F	
Personal Mobile#		Personal Email:			
Marital Status:					

B. RESIDENTIAL DETAILS

Suburb:		Residential Address	
Allotment:		Section;	

C. EMPLOYMENT DETAILS

Employer:		Occupation:		Staff No:	
Department:		Port of Work:			
Date of Employment:		Email Address:			
Telephone No:		Employment Address:			

D. NOMINEES DETAILS

I hereby nominate the persons below to receive the amount of Percentage in (Kina) in the event of my death

Name of Nominees	Date of Birth	Relationship to Member	Amount to be paid to each Nominees %

*Kindly note, if there is insufficient space to write all your nominees, please continue on with another sheet (same copy) and attach on this form for updating.

E. MEMBER'S DECLARATION AND AUTHORIZATION

I hereby declare that all information given on this form is true to the best of my knowledge and would like to 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

Signature of Applicant _____

Date: _____

Name of Witness _____

Signature of Witness _____

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 Authorized Officer

A/C created in the computer:



AIR NIUGINI SAVINGS & LOAN SOCIETY LTD

Your Key for a Better Future

IRREVOCABLE DEDUCTION AUTHORITY FORM

Date: _____

TO PAYROLL:

Dear Sir/Madam,

SUBJECT: IRREVOCABLE DEDUCTION AUTHORITY

Name:		Employee File No.	
Employed By:		Work Phone:	
Email Address:		Occupation:	
Department		Work Place:	

I hereby Authorize you to deduct the sum of K _____ from my salaries every fortnight and pay to my account with Air Niugini Savings and Loan Society Limited.

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 DEDUCTION	NEW RATES	
Personal Savings Account	S1	K 5.00		
Oncall Savings Account	S2	K 10.00		
Christmas Savings Account	S3	K 10.00		
School Fees Saver Account	S4	K 10.00		
Life / Medical Saver Account	S5	K 46.00		
Pikinini Savings Account	S6	K 10.00		
Housing Savings Account	S7	K 10.00		
Traveling Saving Account	S8	K 10.00		
TOTAL AMOUNT (K)				

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

APPLICANT		WITNESS	
Signature: _____		Name: _____	
		Signature: _____	
Date: _____		Staff ID No.: _____	Date: _____

FOR OFFICE USE ONLY

Authorized by Society: _____ Date: _____