



MEMBERSHIP APPLICATION FORM

A. PERSONAL DETAILS

Surname: _____ Middle Name: _____ Given Name: _____
Date of Birth: _____ Age: _____ Gender: Male Female
Marital Status: Single Married De-facto Divorced Widowed

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. NOMINEE(S) DETAILS

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

Name of Nominee	Date of Birth	Relationship to Member	Amount to be paid to Nominee in %

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 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 of Applicant: _____

Signature of Witness: _____

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 Authorized Officer

A/C created in the Computer: _____



AIR NIUGINI SAVINGS & LOAN SOCIETY LTD

Your Key for a Better Future

www.angsl.com.pg

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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 **Authorise** you to deduct the sum of K _____ from my salaries every fortnight and pay to my account with **Air Niugini Savings and 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 and 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	K10.00		
Christmas Savings Account	S3	K10.00		
School Fees Saver Account	S4	K10.00		
Life/Medical Saver Account	S5	K43.00		
Pikinini Savings Account	S6	K10.00		
Housing Savings Account	S7	K10.00		
Traveling Savings Account	S8	K10.00		
TOTAL AMOUNT (K)				

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

APPLICANT

WITNESS

Name: _____

Signature: _____

Signature: _____

Date: _____

Staff ID No.: _____ Date: _____

FOR OFFICE USE ONLY

Authorised by Society: _____ Date: _____