



Kwila Insurance Corporation Ltd

P.O. Box 1457 Boroko, NCD Papua New Guinea

Tel: (675) 3258811 Fax: (675) 3112867

Email: osloan@kwilainsurance.com.pg

Lae Office: - Tel: 472 6211

- Fax: 472 4997

- Email: lae@kwilainsurance.com.pg

Goroka Office: - Tel: 732 2851

- Fax: 732 3192

- Email: goroka@kwilainsurance.com.pg

OUT-STATION LOAN APPLICATION FORM

Please complete this form in full but only sign any other enclosed forms where shown with a cross (X). Return all forms to P.O. Box 1457, Boroko NCD and if this is your first loan application, please attach our INVESTMENT ASSURANCE POLICY. No loan can be given until we hold the policy. The policy is held until all loans have been repaid.

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Plis yu mas filim dispela fom na tu mas sain long fom mipela makin wantaim kros (X). Yu mas salim ol fom ikam long dispela edres, P.O Box 1457, Boroko NCD. Sapos dispela em pestaim bilong yu long kisim loun, yu mas postim o salim ikam wantaim polisi setifiket bilong yu, long dispela edres. Sapos yu no salim polisi bai mipela ino nap long givim loun. Nogat. Mipela bai holim polisi bilong yu na polisi bilong yu bai stap wantaim mipela igo inap yu bekim loun pinis. Orait yu ken kisim bek polisi bilong yu.

ABSOLUTE POLICY ASSIGNMENT

The Loans Clerk
Kwila Insurance Corporation
P.O. Box 1457
Boroko NCD

Dear Sir/Madam,

I, the policy owner named overleaf hereby request Kwila Insurance Corporation Ltd to lend me the net Loan Value under my Life Insurance Policy as numbered overleaf or the amount request overleaf, whichever is the lesser.

Further I acknowledge that such loan is subject to interest at the rate of 8% per annum charged on the outstanding balance of the loan and a issue fee of seven kina and a monthly fee of twenty five toea (or extra premiums equal to such costs) and in consideration of the sum as calculated above by Kwila Insurance Corp. Ltd. of Port Moresby (hereinafter called the Assignee), I do hereby sell, assign and transfer to the Assignee the full benefit of all money assured or to become payable under the Policy of Insurance numbered as shown overleaf of the Kwila Insurance Corp. Ltd. insuring my life, inclusive of the cash surrender and loan value thereof and of any dividends that may be declared upon such policy from time to time, and I hereby covenant with the Assignee that I will not do or knowingly suffer anything to be done whereby the said policy may be rendered void or voidable or the Assignee may be prevented from receiving or may be deprived of the right to receive the moneys assured or to become payable by or under said policy, and I declared that a receipt signed by the Assignee shall fully discharge Kwila Insurance Corporation Limited from its liabilities and obligations under the policy in respect of which the receipt is given.

IN WITNESS WHEREOF, I, THE POLICY OWNER AND THE ASSIGNEE HAVE HEREUNTO SET OUR HANDS OVERLEAF ON THE DATE SHOWN OVERLEAF.

PLEASE TURN OVER.....



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Date:/...../ 20.....

Name of policy owner

Loan applied for? K..... or new loan eligibility , which ever is the lesser.

Total Kwila deduction now K.....Amount you propose to repay loan fortnightly

K.....Add this amount to total Kwila deduction amount shown above and show NEW Kwila deduction = K.....and **sign the new deduction order but do not complete any other part of the order.**

We will complete the order after you have signed it.

LOAN PAYMENT INSTRUCTION

(TICK BOX AS APPLICABLE)

PAY LOAN TO BANK TO CREDIT MY ACCOUNT AS SHOWN BELOW

BANK..... ACCOUNT NO.....

BRANCH..... TYPE OF ACCOUNT.....

FULL NAMES A/C IS IN

- SEND CHEQUE BY POST TO POLICY-OWNER'S ADDRESS AS STATED
- SEND AMOUNT BY KWIK MONI TO POST OFFICE AT
- HOLD CHEQUE AT KWILA OFFICE FOR COLLECTION AT:-
 - BOROKO OFFICE
 - LAE OFFICE
 - GOROKA OFFICE

NOTE:

PLEASE ATTACH A COPY OF YOUR LAST PAY SLIP FOR I.D. PURPOSES.

Address of Policy Holder:-

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.....

.....
Signature of Kwila Officer

Tel :Ext:

.....
Print Name of Kwila Officer

.....
Signature of Policy Holder