



FINANCIAL AND PRIVATE SECTOR STAFF SAVINGS & LOAN SOCIETY LIMITED

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Kids Smart Savings Application Form

Office Use only
Member No.: _____

A. Personal Details

Given Names: _____ Surname: _____
Date of Birth: _____ Place of Birth: _____ Gender: Male ☐ Female ☐
Home Village: _____ Distict: _____ Province: _____ Nationality: _____
Mobile: _____ Email: _____

**If child doesn't have access to mobile or contact details, Parent/Guardian's contact to be utilized*

Child if in school

Name of School: _____ Grade: _____

Amount to Deduct per fortnight (Minimum: K2.00)

Preferred amount to deduct: K _____

B. Details of Parent/Guardian

Is Parent/Guardian a Member? Tick the Box: Yes ☐ No ☐ If yes, please provide Membership Number: _____
Full Name: _____ Gender: Male ☐ Female ☐
Relation to the Applicant: _____ Date of Birth: _____
Place of Birth: _____ Marital Status: Married ☐ Divorced ☐ Others: _____
Employer: _____ Occupation: _____ Staff No.: _____
Address: _____ Employment Location: _____
Mobile: _____ Email: _____
Residential Address: _____
Suburb: _____ Alotment: _____ Section: _____
City/Town: _____ District: _____ Province: _____
Accommodation type: (Circle one)
Own | Rental | Village | Settlement | School | Shared Family Accommodation
Source of Payment: Salary Deduction: ☐ Others: _____

C. Identification & Checklist

CHILD

Provide valid photo identification of your child or a confirmation letter from the School Principal if your child is a student and additional identification when submitting this application.

Examples of Identification: Valid Passport, Valid School ID Card, Confirmation Letter from Parent/Guardian

Example of additional identification form: Birth Certificate, School Certificate & Baptism Certificate

If unable to provide the above identification documents, please refer to the referee information section:

PARENT/GUARDIAN

Parent/Guardian Provide a copy of ID

Examples of ID Cards: Student ID, Employee ID, Drivers License, Passport, Membership ID, Super Fund ID

Identification Check list:

Child : Form of ID (Student ID, Passport, etc...), Mugshot or Photo, Certificates

Parent/Guardian: Form of ID

CHILD

Sign here (Within the lines of this box):

Date: / //

If applicant is unable to sign, Parent/Guardian fill in details below:

I _____ Relation to Applicant: _____

- Certify that the given information is true in this form and accurate
- Acknowledge having been provided with the Terms and Conditions relating to the Kids Smart Savings Account
- Accept the Terms & Condition of the Kids Account and agree to be bound by them in addition to any other conditions which may apply

Sign here (Within the lines of this box): Date: / /

FOR OFFICE USE ONLY

- Citizen of PNG: Yes ☐ No ☐
- Is the Age between 0-18: Yes ☐ No ☐
- Age category: Ages 0-5 | Ages 6-12 | Ages 13-18
- Is the Applicant related to any Member: Yes ☐ No ☐

Verified by:

Approved by:

Account created Date:/...../.....

First Deduction Date:/...../.....

.....
T/L Member Services

.....
General Manager

EDP Officer:
Date:/...../.....