



FINANCIAL AND PRIVATE SECTOR STAFF SAVINGS & LOAN SOCIETY LIMITED

Section 451, Allotment 12, Times Square Building, Unit 2E, Wardstrip, Gordons. PO Box 795, Port Moresby, National Capital District, Papua New Guinea
Telephone: (675) 323 3432 | 323 3478 or 3232 3225. Email: info@fpsssl.org.pg or customercare@fpsssl.org.pg
Webpage: www.fpsssl.org.pg

New Membership Application Form

Office Use only
Member No.: _____

A. Personal Details

Given Names: _____
Surname: _____
Residential Address: _____
Home Village: _____ District: _____ Province: _____
Date of Birth

Title (Circle one) | Marital Status (circle one)
Mr | Mrs | Ms | Miss | Single | Married | Others _____
Bank: _____ Branch: _____
Acc Number: _____

I also wish to apply for:

- ☐ S2 - School Fee Savings
☐ S3 - Christmas Savings
☐ S4 - Equity Savings
☐ S5 - Child Saver Savings
☐ S6 - Medicare Savings

ID Size Photo

*S1 - General Savings is a COMPULSORY Savings Account

B. Employment Details

Employer: _____ Occupation: _____ Staff No.: _____
Address: _____ Employment Location: _____ Date of Employment: ____/____/____
Department: _____
Office Landline: _____ Mobile: _____ Email: _____
SME Business Name: _____ Business Owner: _____
Tax Identification Number (TIN): _____ Estimated Annual Income: K. _____

C. Residential Address

Suburb: _____ Alotment: _____ Section: _____ Residential Address: _____
City/Town: _____ District: _____ Province: _____
Accommodation type: (Circle one)
Own | Rental | Village | Settlement | School | Shared Family Accommodation

D. Next of Kin

No.	Name of Next of Kin	Age of NOK	Percentage (%)	Relationship to Member	Address



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* Have you been a previous member of FPSSSLs? No ☐ Yes ☐

If yes, when and state your reason why you terminated your membership

* Has your membership been terminated due to AML breach? No ☐ Yes ☐

If Yes, state your reason

Members Declaration and signature:

☐ I hereby apply to become a member of Financial and Private Sector Staff Savings & Loan Society Limited 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 & Loan Societies Act (1995) (as amended). I also agree that K20.00 be deducted from my deposit as my Share Capital to be a Shareholder of the Society.

☐ I hereby certify that all information written on this form by me to be true and correct.

Name: _____ Signature: _____ Date: ____/____/____

Witness Name: _____ Signature: _____ Date: ____/____/____

Office Use Only:

- A National or Entity (100%) PNG Owned: YES ☐ NO ☐
- Risk category: Low Risk | Medium Risk | High Risk _____
- A Foreigner or Foreign Entity with registered office in PNG. YES ☐ NO ☐
- SME Owner: _____
- Informal Sector: _____
- Is client Politically exposed? (PEPs) YES ☐ NO ☐

Verified by:

Approved by:

Account Created Date: ____/____/____

First Deduction Date: ____/____/____

EDP Officer: _____

Date: ____/____/____

Team Leader Member Service

General Manager

Identification Check list:

- * ID (25 points)
- * 3 Pay slips (25 points)
- * Employment Confirmation Letter (25 points)
- * Bank statement (25 points)
- * Super statement (20 points)

NOTE: 100 points to meet Membership Deal application and 50+ for normal Membership



"Growing Our Future Better"

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CHANGE OF SALARY DEDUCTION AUTHORITY FORM

The Paymaster/Paymistress

Dear Sir/Madam,

I, Staff No: Occupation:
Company/Department: hereby authorize you to deduct the sum of K.....
each fortnight from my salary and that you pay this money to Financial and Private Sector Staff Savings and Loans Society Ltd
(FPSSSL).

This deduction supersedes all previous authority signed by me and is to remain in force until such time you are advised by me of its
cancellation.

<u>Current Deductions</u>		<u>New Deductions</u>
K	(S1) GENERAL SAVINGS	K
K	(S2) SCHOOL FEE SAVINGS	K
K	(S3) CHRISTMAS SAVINGS	K
K	(S4) EQUITY SAVINGS	K
K	(S5) CHILD SAVER SAVINGS	K
K	(S6) MEDICARE & LIFE SAVINGS	K
K	(S7) RETIREMENT SAVINGS	K
K	(L1) GENERAL LOAN (L7) GENERAL UNSECURED	K
K	(L2) SCHOOL FEE LOAN	K
K	(L5) INVESTMENT/SME LOAN	K
K	(L6) REFINANCING	K
K	(L8) NEW MEMBERSHIP LOAN	K
K	TOTAL	K

This Authority **SHALL NOT** be revoked without the written consent of Financial and Private Sector Staff Savings & Loan
Society Limited.

Applicant

Signature: _____

Date: _____

Witness

Signature: _____

Name: _____ Date: _____

Authorized by Society:

Date: