FIJIAN TEACHERS ASSOCIATION CO-OPERATIVE THRIFT LTD



Education House, 68 Knollys Street, Suva, P O Box 14464 Telephone: 3315099/ 3318156 Mobile: 7084374 Fax: 3318157/ 3304978 Email Address: ftactl@fta.org.fj

APPLICATION FOR LOAN

PART A: APPLICANT DETAIL



Surname Name......Other Name......TPF...... DOB...... FNPF No.... Teacher Post..... Present School Grade School Phone.....FTA Branch Residential Phone...... Mobile..... Residential Address..... Fax.....Email.... Postal Address...... Marital Status...... Marital Status....... Next of Kin.....Station of 1st posting..... Posting From:To: Date Joined Ministry: Date Joined FTAHAS / FTACTL: Checklist: 1. Recent Payslip 2. Birth Certificate **LOAN REQUESTED** 1. Amount of Loan applied.....\$..... 2. Reason for seeking loan..... 3. FTAWS Retirement Benefit \$..... I do hereby declare that my Retirement Benefit from FTA Welfare Society be used to offset any outstanding loans should there be a default in the repayment.

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NATURE OF COLLECTION			vodalone / link Number
PERSONAL	DEPOSIT	тмо	MPAISA
		ГВ: FOR OFFICIAL US	SE ONLY
Date applicat	ion received	Da	ite of last loan
Member's Sh	are \$	Loan Outstanding \$	as at
Loan Repaym	nent \$	as per fortnight.	
FTAWS Finan	cial Member (Yes / No)	FTAWS Retireme	ent Benefit \$
	<u>PART</u>	C: PROCESSING COM	IMITTEE ——————————————————————————————————
Recommen	idations:		
Board App	roval:		
1. APPR	OVED / REJECTED	Amou	nt Approved \$
Comn	nents		
 Desig	nation	Sign	ature
J		· ·	Date
2. APPR	OVED / REJECTED	Amour	nt Approved \$
Comn	nents		
 Desig			ature
			Date