



**FIJI TEACHERS' UNION
CO-OPERATIVE THRIFT & CREDIT LIMITED**

1-3 Berry Road, Suva
G.P.O. Box 16675 Suva. Phone 3304 770 / 331 7938 Fax 330 7343
Email: enquiries@ftuctcl.com.fj

LOAN APPLICATION FORM (L-1)

Types of Loan			
E	S	Formula	Special

The Secretary,
FTU - CTC LTD,
P.O. Box 16675,
Suva.

Postal Address.....
Telephone.....
Fax.....
Mobile.....
Email.....
Date of Birth.....

A. Dear Sir,

I F/N.....
TPF of School
hereby apply for a loan of (in words)..... (\$.....)
for the purpose of

I agree to pay the loan and interest as follows:

B. I offer the following security:

- | | | | |
|--|---|---|---|
| 1. Sureties
Complete Section C | 2. Motor Vehicle
New <input type="checkbox"/>
Second Hand <input type="checkbox"/> | 3. Real Estate
Freehold <input type="checkbox"/>
Crown <input type="checkbox"/>
Native <input type="checkbox"/> | 4. Insurance Policies
CMLA <input type="checkbox"/>
LICI <input type="checkbox"/>
Others <input type="checkbox"/> |
|--|---|---|---|

C. SURETIES - Refer to Back of this Form

D. APPLICANTS PERSONAL DETAILS

Income fortnightly	Expenditure fortnightly
Applicants Net Salary Net \$	Personal Expenses \$.....
Spouse(TPF if member) Net \$	Repayments \$.....
(TPF.....)	Bills \$.....
Other Income Net \$	Fuel / Transport \$.....
Total Income Net \$	Rent \$.....
	Others \$.....
	Total Expenditure \$.....

E. UNDERTAKING

This is to confirm that the above information are the true reflection of my details and income and expenditure and the sureties in Accordance to the rules and regulations of FTU - CTC Ltd.

APPLICANTS SIGNATURE DATE OF APPLICATION

F. COMMITTEE DECISION

Approved / Not Approved Chairman..... Secretary..... Treasurer.....

NB: INCOMPLETE OR ANY CHANGES BY WAY OF ERASER OR TWINK WILL INVALIDATE THIS FORM

We, the under signed hereby certify that we are sureties named on this application form and that we hereby agree to act as sureties in accordance with the rules and regulations of FTU - CTCL

Name In Full (in BLOCK LETTERS)	TPF	Signature	Amount	Amount in Words	Witnessing Member's Name	TPF	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							



CTCS

FIJI TEACHERS' UNION

CO-OPERATIVE THRIFT & CREDIT SOCIETY LTD.

(1 - 3 Berry Road, Suva)

G P O Box 16675 Suva - Phone: 330 4770/331 7838 Fax: 330 7343 Email: ftuctcs@connect.com.fj

AUTHORITY FORM

I hereby authorise the Chief Accountant of the Ministry of Education to deduct

Dollars Cents (\$.....) every fort-night from my salary and pay the same to FTU CTCS. This authority shall not be varied without the consent of the Secretary FTU CTCS.

FULL NAME:..... TPF/EDP:.....

SIGNATURE: DATE:

WITNESS (Full Name): SIGN:

Please fill both the copies.



CTCS

FIJI TEACHERS' UNION

CO-OPERATIVE THRIFT & CREDIT SOCIETY LTD.

(1 - 3 Berry Road, Suva)

G P O Box 16675 Suva - Phone: 330 4770/331 7838 Fax: 330 7343 Email: ftuctcs@connect.com.fj

AUTHORITY FORM

I hereby authorise the Chief Accountant of the Ministry of Education to deduct

Dollars Cents (\$.....) every fort-night from my salary and pay the same to FTU CTCS. This authority shall not be varied without the consent of the Secretary FTU CTCS.

FULL NAME:..... TPF/EDP:.....

SIGNATURE: DATE:

WITNESS (Full Name): SIGN:

Please fill both the copies.

*** NB: ANY CHANGES BY WAY OF ERASER OF TWINK WILL INVALIDATE THIS FORM.**



CTCL

**FIJI TEACHERS' UNION
CO-OPERATIVE THRIFT & CREDIT LTD.**

11, 3 Berry Road, Suva
G.P.O. Box 10675 Suva Phone 330 4770 / 331 7838 Fax 330 7343
Email: dutifutacev@connect.com.fj

BOND

TPF /EDP:.....

GOOD FOR \$.....(Principal)

I, the undersigned (Name).....of

.....(School) member of the FIJI
TEACHER'S UNION CO-OPERATIVE THRIFT & CREDIT LTD. hereby bind myself to
pay to the order of the FIJI TEACHER'S UNION CO-OPERATIVE THRIFT &
CREDIT LTD. (hereinafter referred to as the Credit Union) the sum of
.....dollars.....cents

(hereinafter referred to as the principal sum) which I have received from the Credit Union
by Cheque No.

1. I hereby agree to repay the whole of the principal sum and interest at the rate of
.....% per annum in equal installments from the day the
deduction begins at source.

2. If any of the installments provided for in paragraph 1 is not paid within seven days from
the date on which it becomes payable the Credit Union shall have the right to demand
payment forthwith of the outstanding balance of the principal sum and the interest up to
the date of payment.

3. If at any time I cease to be a member of the Credit Union the balance of the principal
sum remaining outstanding at such date shall automatically become payable and be paid
forthwith together with interest up to the date of repayment.

4. I shall have the right to repay the outstanding balance of the debt under this Bond at
any time before the expiration of the period stipulated in paragraph 1 hereof in which
event interest shall be paid only up to the date of repayment.

5. I undertake to utilize the amount borrowed for the purpose I mentioned in my applica-
tion to the Committee of the Credit Union for the grant of this loan.

6. In the event of the Credit Union taking any legal proceeding against me on this bond I
undertake to pay all the costs thereof and connected therewith.

7. Interest Rate Subject to Changes by the A.G.M. of the Credit Union

TO BE COMPLETED IN PRESENCE OF A WITNESS

.....GIVEN under my hand at.....

this.....day of.....20.....

Witness's Name.....Borrower's Name.....

Witness's Signature.....Borrower's Signature.....

TPF.....TPF.....

DESIGNATION.....