

Complete this Application Form neatly and submit. Alternatively, you can download the BSP Customer Self Service App via Google Playstore and apply using your mobile phone or tablet. Ensure to provide requirements listed on Page 2 of this form. For enquiries, visit your local branch or our website: www.bsp.com.pg/personal-banking/personal-loans/personal-loan or contact Call Centre on: 320 1212 / 70301212.

New Request	K	Repayment Offered:	K	<i>CIF Number:</i> <small>For office use only</small>
Additional (if you have an existing BSP personal loan)		Frequency	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
Your existing loan balance:	K	Purpose of Loan	<input type="checkbox"/> Personal Expenses <input type="checkbox"/> Vehicle <input type="checkbox"/> School/Tuition	
Additional loan amount you require	K		<input type="checkbox"/> Household Items <input type="checkbox"/> Holiday <input type="checkbox"/> Refinancing	
Total Loan Request	K		<input type="checkbox"/> Other: _____	

PERSONAL DETAILS

First Name:	Middle Name:	Surname:
Date of Birth DD/MM/YY	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Ages of Children: Child1 ___ Child 2 ___ Child 3 ___ Child 4 ___	Telephone or Mobile Number:	Email address:
Country of Residence:	Country of Citizenship:	

Residential Address: (Complete Below)	Nearest Living Relative (not living with you)	Nominated Administrator: (for insurance purposes)
Section: _____ Lot: _____ Street Name: _____ Suburb/Village/Settlement: _____ Date you moved there: DD/MM/YY	Name: _____ Relation: _____ Section: _____ Lot: _____ Street Name: _____ Suburb/Village/Settlement: _____	Name: _____ Relation: _____ Section: _____ Lot: _____ Street Name: _____ Suburb/Village/Settlement: _____
<input type="checkbox"/> Self <input type="checkbox"/> Relatives <input type="checkbox"/> Provided by Employer <input type="checkbox"/> Rental Property	Work Address: _____	Bank: _____
Landlord Name: _____	Telephone/Mobile: _____	Account Number: _____
Landlord Address: _____	Telephone/Mobile: _____	Telephone/Mobile: _____
		Email address: _____

Previous Residence: Section/Lot/Street/Suburb: (Do not complete if you have lived in your current residence for 2 years or more)

Section: _____ Lot: _____ Street Name: _____ Suburb/Village/Settlement: _____ Period at residence Years: ___ Months: ___

If Joint Borrowing; **Joint Applicant Full Name:** _____ **Date of Birth:** DD/MM/YY

EMPLOYMENT DETAILS	Applicant	Joint Applicant
Employer:		
Occupation:		
Date Commenced:		
Employer Address:		
Work Telephone & Mobile:		
Previous Employer:		
Years at Previous Employer:		

CREDIT HISTORY DECLARATION

Have you ever been declared bankrupt or had any judgement or legal proceedings entered or taken against you? *Yes No

*Provide Details: _____

Have you missed two or more repayments on your current or previous BSP or other Bank loan? *Yes No

*Provide explanation letter to BSP

STATEMENT OF POSITION

A. Assets – What you own

House	Section:	Lot:			K
Vehicle	Make:	Model:	Year:	Registration #:	K
Furniture, White Goods					K
Superannuation/Savings/Personal Items					K
BSP Account	Primary Account:		Other:		K
Total Assets					K

B. Liabilities – What you owe

BSP Personal/Home Loan		K
Loans: Other Lenders		K
Other debts, hire purchase etc.		K
Rates/Taxes/Overdraft Facility		K
Total Liabilities		K
Total Assets - Total Liabilities		K

C. Monthly Income

Gross Salary (Before Tax)	<i>Provide 3 Current Pay slips or evidence of income if self-employed</i>	K
Other Income <i>(Provide Details)</i>		K
		K
		K
Total Monthly Income		K

Monthly Expenses

Home Loan		K
Other Loan		K
Motor Vehicle Costs		K
Rent		K
Utilities		K
Other Expenses		K
General Living Expenses		K
Total Monthly Expenses		K
Total Monthly Income - Total Monthly Expense		K

CUSTOMER REQUIREMENTS

- | | |
|---|---|
| <input type="checkbox"/> Fully completed and signed BSP Loan Application | <input type="checkbox"/> Employment Contract for contracted worker (Applicable to expatriate customers or customers who are employed on contract basis) |
| <input type="checkbox"/> Employment Confirmation Letter | <input type="checkbox"/> External Debt statement from other Financial Institutions |
| <input type="checkbox"/> 3 current pay slips not more than 2 months old | <input type="checkbox"/> Provide 3 months bank statement if part of your salary is paid to other banks |
| <input type="checkbox"/> Valid ID (Superannuation ID, Driver's License, Work Permit etc) | |

PERSONAL FINANCIAL AND CREDIT INFORMATION

The undersigned **authorises** BSP Financial Group Limited

(1) To obtain and disclose your personal information to: (1.1) other organisations to help us to assess financial risk or to recover debt; (1.2) credit reference agencies; (1.3) other members of the BSP Financial Group Limited including BSP advisers, consultants or service providers, any of the banks subsidiaries, branches, head office or representatives; (1.4) any authority, regulator or government agency in any jurisdiction as the Bank may in its absolute discretion consider appropriate, necessary or advisable; (1.5) other organisations to assist us in compliance obligations in respect of sanctions, anti- moneys laundering, counter-terrorism financing and proceeds of crime; (1.6) the United States Internal Revenue Service to assist us in compliance with our obligations under our arrangements regarding the Foreign Account Tax Compliance Act ("FATCA").

(2) In the event of the undersigned's death, to pay the funeral assistance benefit to the nominated administrator specified in this form, subject to the terms and exclusions of the Consumer Credit Insurance Policy. The nominated administrator must be a Natural Person and be at least 18 years of age or over at the time of the application.

The details completed are true and accurate:

Applicant Signature:	Date: DD/MM/YY	Joint Applicant Signature:	Date: DD/MM/YY
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BANK USE ONLY: Branch Officer Name:

Signature:

Date Received: DD/MM/YY