

**A. Type Of Account**

Tick as Appropriate  Loan  Term Deposit  
 Tick as Appropriate  New  Amendment  
 Account Number                Name:   
 Any existing account with HFC (Yor N)  Existing Account Number:            
 CIF No :

**B. Customer Personal Details**
**1. Main Applicant Information**

Mr/Mrs/Miss/Ms Given Names   
 Surname   
 Father's Name   
 Home Address   
 Postal Address   
*If different from Home address.*  
 Email Address   
 Home No:  Work No  Mobile No:  Fax No:   
 Date Of Birth  /  /  Male  Female  Marital Status:   
 Tax Number                 *Date Commenced with Current Employment*  
 Occupation   /  /   
 Employer Name and Address

**2. Joint Application 1 Information**

Mr/Mrs/Miss/Ms Given Names   
 Surname   
 Father's Name   
 Home Address   
 Postal Address   
*If different from Home address.*  
 Email Address   
 Home No:  Work No  Mobile No:  Fax No:   
 Date Of Birth  /  /  Male  Female  Marital Status:   
 Tax Number                 *Date Commenced with Current Employment*  
 Occupation   /  /   
 Employer Name and Address

**3. Joint Application 2 Information**

Mr/Mrs/Miss/Ms Given Names   
 Surname   
 Father's Name   
 Home Address   
 Postal Address   
*If different from Home address.*  
 Email Address   
 Home No:  Work No  Mobile No:  Fax No:   
 Date Of Birth  /  /  Male  Female  Marital Status:   
 Tax Number                 *Date Commenced with Current Employment*  
 Occupation   /  /   
 Employer Name and Address

**C. Additional Information**

**i) Classification Code**

Fiji Resident  Non Fiji Resident

**ii) Joint Accounts**

Account Name (Short Name)

**iii) Term Deposits**

Principal Amount (\$)  Term Invested (Months):   Interest Rate (%):

Interest Payment Frequency  Automatic Rollover Upon Maturity  Yes / No

**Interest Payment Mode / On Maturity:**

Add to Principal **OR**

Direct Deposit to Bank Account Bank    Account No :

Bank Account Name:

Post or Personal collection

Interest only payment  and reinvest principal for a like term

Source of fund

Lien Amount (if applicable) \$  Lien Account No.

Lien Account Name:

**iv) Third Party Authority details**

Full Name  Relationship

Date Of Birth  /  /  Authority Note

Occupation  Authority Level

Signature

**D. Customer Declaration And Acknowledgement**

1. I/We agree:

- HFC has rights to access to, and variation of, personal information supplied in this form.
- In case of loan, we declare that I/we are not less than 21 years of age or an undischarged bankrupt(s). I/we confirmed that there is no pending judgment/civil or bankruptcy action against me/us. I/we accept that my/our account shall be reviewed annually by HFC to determine the ongoing safety of the debt with the organization and all information that shall be required by HFC will be provided by me/us.

2. I/We authorize/confirm:

- HFC to obtain a credit report from any credit reporting agency about me/us which can include my credit worthiness, credit history or credit capability and/or obtain from other Financial Institutions report/information may be given and used to assess credit application or account review, to assess my credit worthiness, to assist me/us to avoid default and to notify other credit providers of any default by me/us.
- HFC recover from me/us any fees, government charges/taxes imposed on transactions on/or which relate to my/our accounts.
- In case of loan, I/we confirm that there is no suffering from sickness that would affect my/our employment thus affecting the serviceability of the loan at HFC. That the credit provided will be applied wholly or predominantly for the purpose of the project mentioned in the loan application. I/we confirm that any previous withdrawal of funds from FNPF (if any) have been declared to HFC.

3. I/We acknowledge( that I/we have received/not received a copy of):

- the terms and conditions which apply to this account.
- the fees and charges that apply to this account.

4. I/We understand:

- that the terms and conditions of this application or account review will be subject to the Financial Transaction Reporting Act, Consumer Credit Act and any other statutory regulations governing such approvals from time to time.
- that all legal, and other costs are payable by me/us and if any such payments including insurance premiums etc, HFC may debit my/our account to pay these and levy appropriate fees.

*My / our signature below evidences my stated understanding, acknowledgement, authority and consent to all matters set out in this declaration.*

Signature OR Thumbprint

Customer Name:

Title:

Date  /  /   /  /   /  /

Witnessed By:

Name:

Signature

Address

Occupation