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**CREDIT CONTRACT  
or  
HIRE PURCHASE**

**APPLICATIONS FOR PERSONAL APPLICANTS**

<b>SSO Name:</b>
<b>Date:</b>

**REFERRAL SOURCE**

<b>Applicant Name:</b>	
<b>Dealer Name:</b>	
<b>Comments:</b>	

<b>Amount Requested</b>	\$	<b>Limit Approved</b>	\$
<b>Purpose of this Application</b>	<i>[personal commitment is not a reason; applicants need to elaborate]</i>		

PERSONAL DETAILS	Applicant 1	Applicant 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Surname		
Given Name(s)		
Father's Name		
Date of Birth	/ / Age:	/ / Age:
Identification Number <i>(Choose identification type &amp; enter details in space below)</i>	<input type="checkbox"/> FNPF <input type="checkbox"/> TIN	<input type="checkbox"/> FNPF <input type="checkbox"/> TIN
	<input type="checkbox"/> Driver's Licence <input type="checkbox"/> Other	<input type="checkbox"/> Driver's Licence <input type="checkbox"/> Other
	.....	.....
Residential Address		
	For how long:	For how long:
Previous Residential Address: <i>(If less than 3 years at current address)</i>		
	For how long:	For how long:
Postal Address <i>[Mandatory]</i>		
Home Phone <i>[Mandatory]</i>		
Mobile Number <i>[Mandatory]</i>		
Email Address <i>[Mandatory]</i>		
Marital Status		
Number of Dependants		
Age of Dependants		
Spouse's Name		
Spouse's Occupation		
Spouse's Contact <i>[Mandatory]</i>		

<b>NEXT OF KIN</b> <i>[Other than Spouse/Dependent]</i>	<b>Applicant 1</b>	<b>Applicant 2</b>
<b>Name</b>		
<b>Relationship</b>		
<b>Home Phone</b> <i>[Mandatory]</i>		
<b>Mobile Number</b> <i>[Mandatory]</i>		
<b>Postal Address</b> <i>[Mandatory]</i>		
<b>Email Address</b> <i>[Mandatory]</i>		

<b>EMPLOYMENT DETAILS</b>	<b>Applicant 1</b>	<b>Applicant 2</b>
<b>Name of Employer</b>		
	For how long:	For how long:
<b>Occupation</b>		
<b>Contract Expiry Date</b>		
<b>Employment Type</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
<b>Address of Employer</b>		
	For how long:	For how long:
<b>Previous Employer</b>		
	For how long:	For how long:
<b>Business Phone Number</b>		
<b>Business Fax Number</b>		
<b>Other Contact</b>		
<b>Email</b>		

## PERSONAL STATEMENT OF ASSETS & LIABILITIES

As at \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

LIABILITIES	Balance Outstanding	ASSETS	Current Value
Total Mortgage(s)		Residence at <i>(ensure property title is in applicant(s) name)</i>	
Bank Overdraft		Land at	
Store Card Limits (\$ ) With whom?		Other property at	
Store Card Limits (\$ ) With whom?		Other Assets	
Store Card Limits (\$ ) With whom?		Motor Vehicle(s)	
Hire Purchase		Plant & Machinery	
Other Vehicle Loan(s)		Furniture & Fittings	
Bill of Sale		Investments	
Creditors		Savings Account	
		Cheque Accounts	
		Life Insurance (Surrender Value)	
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>
<b>Surplus Assets Over Liabilities</b>	<b>\$</b>		

# MONTHLY PERSONAL STATEMENT OF INCOME & EXPENSES

<b>MONTHLY INCOME</b>	<b>Applicant 1</b>	<b>Applicant 2</b>	<b>MONTHLY EXPENSES</b>	<b>Applicant 1</b>	<b>Applicant 2</b>
Salary/Wages (Net)			Board		
Regular Overtime			Rent		
Commission			Mortgage		
Rental Income			Living Costs		
Other Income			Overdraft Payment		
Business Income			FEA		
			Gas		
			Water		
			Loan Repayment		
			Loan Repayment		
			Loan Repayment		
			Other Loans		
			Other Commitments		
<b>TOTAL:</b>	\$	\$	<b>TOTAL:</b>	\$	\$
<b>Net Income Over Expenses</b>	\$				
<b>Comments:</b>	<div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div>				

**IMPORTANT - DECLARATION & SIGN OFF**

1. I / We agree and acknowledge that the written details on this form are true and correct and are given in support of my loan application and / or account review dated as above the contents of which are also confirmed correct.
2. I / We undertake to make cash / direct deduction/ Post Fiji / Periodic Payment / Bank Bill payments of principle and interest of the loan at KFL. I / We undertake to advise KFL of any changes to my pay day that will affect the remittance of such deduction.
3. I / We authorize KFL to obtain a consumer 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 Banks or Financial Institutions a banker's report / opinion about my / our credit worthiness for purposes connected with my / our business, trade or profession. I / We understand this information may be given and used to assess this 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.
4. I / We acknowledge that the terms of approval of this credit application or account review will be subject to the Credit Act 1999 and any other statutory regulations governing such approvals from time to time.
5. I / We understand that all legal and other costs are payable by me / us and if any such payments including insurance premiums are in arrears, KFL may debit my / our account to pay these and levy appropriate service and/or other fees.
6. I / We further certify that I am / we are not less than 18 years of age or an undischarged bankrupt(s).
7. I / We confirm that there is no pending judgement / civil or bankruptcy action against me / us.
8. I / We confirm that I / We are not suffering from any sickness that would affect my / our employment thus effecting the serviceability of the loan at KFL.
9. I / We declare that the credit provided by KFL will be applied wholly or predominantly for the purpose as mentioned in this application.
10. I / We confirm that any previous withdrawal of funds from FNPf have been declared to KFL.
11. I / We accept that my / our account shall be reviewed at least annually by KFL to determine the ongoing safety of the debt with the organization and all information that shall be required by KFL will be provided by me / us.

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

APPLICANT 1

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

APPLICANT 2

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_