



Simply Possible

POSB NSSA PENSIONER LOAN APPLICATION FORM

PERSONAL DETAILS

Full Name:

Gender:.....ID Number:.....

Residential Address:

.....

Contact Details:Tel:.....Cell:

LOAN DETAILS

Amount Required:

Purpose:

Loan Repayment Period:

Monthly Instalment (to be advised by the Bank official) :

BANK DETAILS

POSB Account Number:

NEXT OF KIN

Full Name:

Gender:.....ID Number:.....

Residential Address:

.....

Contact Details:Tel:.....Cell:

Relationship:

DECLARATION

1. I certify to my best knowledge and belief that the foregoing information is correct and that any falsification will prejudice my application.
2. I acknowledge that the Bank has the right to call up the loan if my account is not conducted satisfactorily or if I provide false information.
3. I authorise the Bank to recover any outstanding loan facility from my terminal benefits or any other monies due to me.
4. I authorise the Bank to conduct the necessary checks on all relevant credit clearing systems.

Signature of applicant.....Date.....

FOR BANK USE ONLY:

Amount Approved:

Monthly instalment:

Prepared By:

Approved By: