

INDIVIDUAL/JOINT
CASH/WORKING CAPITAL



DOMINION FINANCE

... for life

DOMINION FINANCE LIMITED

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APPLICANTS GUIDELINE/DECLARATION

I/We the undersigned acknowledge that:

- (A) Personal Information Forms must be completed by all Applicants, Joint Applicants and Guarantors.
- (B) Applications not completed in full will not be processed.
- (C) A current passport sized photo is required from all;
- Individuals, Joint Applicants and Guarantors.
- (D) All Applicants, Joint Applicants and Guarantors must sign the application.

DATA BUREAU LIMITED (Office Use Only)

Enquiry No.....

No.of Defaults Recorded(Data Bureau Print Out to be Attached)

DECLARATION/AUTHORISATION/UNDERTAKING

- I/WE DECLARE AND CONFIRM THAT NO RECEIVING ORDER/ORDER FOR ADJUDICATION HAS BEEN MADE AGAINST ME OUT OF ANY COURT OF COMPETENT JURISDICTION EITHER IN FIJI OR ELSEWHERE AND I FURTHER DECLARE THAT NO LEGAL PROCEEDINGS ARE PENDING AGAINST ME IN RESPECT OF ANY DEBT WHICH I ALLEGEDLY OWE EXCEPT THOSE WHICH HAVE BEEN DISCLOSED TO YOU IN WRITING.
- I/WE AUTHORISE DFL TO LIST MY/OUR PERSONAL AND DEFAULT DETAILS ON DATA BUREAU LIMITED WHERE APPLICABLE.

Signature:.....

Name:.....

Signature:.....

Name:.....



I / We (Name or Names if Joint) _____ apply for a loan.

Purpose _____

To Be Completed By Applicant

Amount Required: \$.....

Documentation Fee(2%):.....

Interest Rate:.....%pa

Required Term:.....Mths/Yrs

Repayment Preferred \$.....Mthly/Qtrly/Yrly

Security Offered

.....
.....
.....
.....
.....
.....

Total Security.....

TICK IF FILE NOTE DONE

Safety Assessment (Office Use Only)

Signature:.....

Name:.....

For Office Only

Amount Approved \$.....

Documentation Fee: \$.....

Interest Rate:.....%pa

Required Term:.....Mths/Yrs

Required Repayment:.....Mthly/Qtrly/Yrly

Security Required

\$(FMV)

\$(LV)

..... \$..... \$.....
..... \$..... \$.....
..... \$..... \$.....
..... \$..... \$.....
..... \$..... \$.....
..... \$..... \$.....
..... \$..... \$.....
..... \$..... \$.....

Surplus (Shortfall) \$..... \$.....

Justification (For Office Use Only)

Signature:.....

Name:.....



STATEMENT OF FINANCIAL POSITION AS AT / /
OF _____

BRANCH

Liabilities

Office
use

Assets

Office
use

value

value

Bank - Overdraft _____			Bank - Cheque Acs _____		
- Other Loans _____			Access / Savings Acs _____		
Other Banks - Borrowings _____)			Other (Terms Deposits etc) _____		
Mastercard (No. _____)			Accounts at other Banks _____		
(Limit _____)			House property / /		
Visa (No. _____)			Address _____		
(Limit _____)			_____		
Other credit cards (Amex, etc) _____			_____		
Loans on life policies _____			In the name of _____		
Mortgages / Loans _____			_____		
Owing to Assets charged			Purchased / / for		
1 _____			Issued for _____		
2 _____			Other property (<i>details</i>) _____		
Hire Purchase _____			_____		
Company Assets charged			Motor Vechicles		
1 _____			<i>Make</i> _____ <i>Model</i> _____		
2 _____			<i>Make</i> _____ <i>Model</i> _____		
Taxation due / /			Boat _____		
Other Liabilities (<i>details</i>) _____			Govt or semi - govt bonds/deb's FV		
_____			Shared /registeredd debentures/notes Mkv		
_____			Furniture / household effects _____		
_____			Life Policies		
_____			<i>Date Taken</i> <i>Sum</i> <i>Annual</i>		
_____			<i>out</i> <i>Assured</i> <i>Premium</i> <i>Due</i>		
_____			1 / / / / SV		
_____			2 / / / / SV		
_____			Other assets (<i>details</i>) _____		
_____			_____		
_____			Superannuation / FNPF _____		
_____			_____		
Total liabilities			Total assets		
Surplus					

Total (to agree with total assets)					



Income (Monthly)

Office
use

Commitments (Monthly)

Office
use

Business Income Sales _____			House repayments / rent board _____		
_____			Other loans (details) _____		
Net Profit _____			_____		
_____			Mastercard/Visa _____		
Salary (Net after tax & super) self _____			Other credit cards _____		
_____			_____		
Spouse _____			_____		
_____			_____		
Overtime _____			_____		
_____			Taxations (if not deducted from income)		
Parttime employment _____			_____		
_____			_____		
Board paid by family members _____			Life assurance premiums _____		
_____			Car repairs and running expenses		
Dividends / Intrestrest _____			_____		
_____			Rates - council and water		
Rent Received _____			_____		
_____			Fuel, light and power _____		
Commision _____			_____		
_____			Education and fares _____		
Other (details) _____			_____		
_____			Living expenses (food/clothing & personal)		
_____			_____		
Total Monthly Income			Other (e.g. medical benefits, telephone)		

Less total Monthly outgoings			_____		
Ucommitted Monthly Income			Total Monthly outgoings		

I declare that the above particulars are true and I hereby authorise you to conduct verifications on the same information.

Signature(s) of Applicant(s): _____ Date: _____

Applicant(s): _____ Date: _____

Signature/Name of Witness: _____ Date: _____



PERSONAL INFORMATION

- NOTE
Applicants are to attach the following:
- 1) Recent Passport Size Photo
 - 2) Photocopy of Drivers / FNPF Licence
 - 3) Employment Letter
 - 4) Pay Slip
 - 5) Home Bill (Water Bill)
 - 6) Tin Letter

APPLICANT DETAILS

TITLE	SURNAME	OTHER GIVEN NAMES

OCCUPATION: DATE OF BIRTH: / /

FATHERS NAME:

CONTACTS

PHONE (HOME): MOBILE:

EMAIL ADDRESS:

POSTAL ADDRESS:

RESIDENTIAL ADDRESS:

EMPLOYMENT DETAILS

EMPLOYER: EMPLOYMENT NO:

BUSINESS ADDRESS:

BUSINESS PHONE: FAX:

OFFICE EMAIL:

ADDITIONAL INFORMATION

FNPF No: DRIVERS LICENCE No:

TAXI LICENCE No: PASSPORT No:

TAX IDENTIFICATION No:

NO of DEPENDANTS:

AGES of DEPENDANTS:

SPOUSE DETAILS

TITLE	SURNAME	OTHER GIVEN NAMES

OCCUPATION: DATE OF BIRTH: / /

FATHERS NAME:

CONTACTS

PHONE (HOME): MOBILE:

EMAIL ADDRESS:

POSTAL ADDRESS:

RESIDENTIAL ADDRESS:

EMPLOYMENT DETAILS

EMPLOYER: EMPLOYMENT NO:

BUSINESS ADDRESS:

BUSINESS PHONE: FAX:

OFFICE EMAIL:

ADDITIONAL INFORMATION

FNPF No: DRIVERS LICENCE No:

TAXI LICENCE No: PASSPORT No:

TAX IDENTIFICATION No:

