

UNSECURED PERSONAL
REVOLVING CREDIT FACILITY



DOMINION FINANCE
LIMITED

SERVING OUR CUSTOMERS SINCE 1999

DOMINION FINANCE LIMITED

Suva Office: 74 McGregor Road, Suva. PO Box 3692, Samabula. Phone: 331 7744 Fax: 331 7061
Email: enquiries@dominionfinance.com.fj Website: www.dominionfinance.com.fj

APPLICANTS GUIDELINE / DECLARATION

I the undersigned acknowledge that:

- Personal Information Forms must be completed by all Applicants, Joint Applicants and Guarantors.
- Applications not completed in full will and without the entire list of requirements will not be processed.
- All the below must be attached the application:-
 - Recent passport sized photo
 - Confirmation of Employment Letter
 - Recent Payslip
 - Photocopy of TIN Letter/Card
 - Photocopy of FNPF Card/Driver's License*

*Not required if Photocopy of TIN Joint ID Card is attached

DECLARATION / AUTHORISATION / UNDERTAKING

- I declare and confirm that no receiveing 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 diclose to you in writing.

APPLICATION DETAILS / SPECIFICATIONS

Date: _____ / _____ / _____

To: Dominion Finance Limited

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

Purpose _____

Amount Required: _____

Signature: Name:

FINANCIAL STATEMENTS

ASSETS AND LIABILITIES STATEMENT

LIABILITIES	Value	Office Use	ASSETS	Value	Office Use
Overdraft (Bank-)			Savings (Bank-)		
Loan			Other		
Credit Union Loan			Credit Union Shares		
Credit Card no:			House Property Purchased / /		
MORTGAGE/VEHICLE LOANS			Other property		
Owing to:					
			Life Policies:		
HIRE PURCHASE					
Owing to:			Motor Vehicle Reg:		
Other Liabilities			Other Assets		
			Household Effects		
TOTAL LIABILITIES			FNPF		
Surplus/(Deficit)					
TOTAL (to agree with total assets)			TOTAL ASSETS		

MONTHLY INCOME AND EXPENSES

INCOME	Value	Office Use	EXPENSES	Value	Office Use
NET SALARY			House Repayments / Rent		
Self			Other Repayments:		
Spouse					
			Credit Card		
Rental			Hire Purchase:		
Other (specify)					
			Food		
			Electricity		
			Water		
			Telephone		
			Education & Fares		
			Other:		
TOTAL MONTHLY INCOME					
Less Total Monthly Commitments					
Uncommitted Monthly income			Total Monthly Commitments		

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

APPLICANT DETAILS

TITLE	SURNAME	OTHER GIVEN NAMES

OCCUPATION: DATE OF BIRTH: / /

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:

TAX IDENTIFICATION No:

NO of DEPENDANTS:

AGES of DEPENDANTS:

SPOUSE DETAILS

TITLE	SURNAME	OTHER GIVEN NAMES

OCCUPATION: DATE OF BIRTH: / /

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:

TAX IDENTIFICATION No: