**KADA POROMAN MICROFINANCE LIMITED**

**NEW POROMAN CARD APPLICATION/STOP NOTICE**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Customer Code:  |
| Account Number:  |

**Existing KPML Customer?** [ ] YES [ ] NO

**TITLE**: Please tick only one box: [ ] MR. [ ] MRS [ ] Ms [ ] MISS [ ] OTHER \_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: [ ] Male [ ] Female

Village/Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area/Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LLG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement to these Terms and Conditions**

By using your Card you agree to accept these Terms and Conditions. If you do not agree to these Terms and Conditions, you must not use this Card and instead return it to Kada Poroman Microfinance Limited. If there are any aspect of these Terms and Conditions you do not understand or are unsure about, do not hesitate to contact Kada Poroman Microfinance Limited on 982 8458 or email: banking@kpml.com.pg.

“If this card is found please return to your nearest Kada Poroman Microfinance office”.

**CUSTOMER’S DECLARATION:**

TERMS & CONDITIONS are available in the Branch upon request. I certify that the information contained in this form is true and accurate and I accept the Terms and Conditions which apply to the operation of my account.

Please sign here: Ensure you sign well within the lines of this box:

|  |
| --- |
| X |

***Office Use Only***

KPML Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved/Declined by (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_