



Your Trust Our Strength



Loan Application Form

7476 4047 / 982 8458 Email: banking@kpml.com.pg

PERSONAL/BUSINESS DETAILS:

First Name: Mr./Mrs./Ms. _____ Surname: _____

Name of Business: _____ IPA Number: _____

PURPOSE AND AMOUNT DETAILS:

Purpose (Please specify): _____

Amount: PGK _____ Repayment Amount: _____

Proposed Term: _____

POSTAL/RESIDENTIAL DETAILS:

ID Number: _____ Company: _____

Postal Address: _____ Business Phone: _____

Email Address: _____ Position: _____

Employment/Business commencement Date: _____ No. of years in Business: _____

PERSONAL INFORMATION:

Phone Number: _____ Village: _____

Town/City: _____ LLG: _____

Province: _____ Date of Birth: _____ Sex: _____

Marital Status: _____ Current Residential Address: _____

CREDIT INFORMATION: Authority to obtain and provide personal financial & credit information

I/We authorize that Kada Poroman Microfinance Limited (KPML) may check details of my personal finance and credit information from Credit Data Bureau (CDB) and to exchange these information with other creditor providers, and to upload any default to the credit reporting agency to the undersigned.

Customer Name: _____ Signature: _____ Date: _____

Customer Name: _____ Signature: _____ Date: _____