

**RODRIGUES GOVERNMENT EMPLOYEES ASSOCIATION
PROVIDENT AND MEDICAL FUND
François Léguât Street – Port Mathurin
Tel/Fax: 8311732/8324503**

**Application Form
RGEA/PMF LOAN SCHEME**

The RGEA reserves the right to reject any application not satisfying the general requirements
Incomplete form will not be accepted

Details of Applicant

Surname: _____ Mr. Mrs. Miss
Name: _____
N.I.C No _____
Address: _____
Tel: _____ (Home) _____ (Office) _____ (Mob) _____
Employee Code: _____
Occupation: _____
Commission: _____
Salary : Rs _____
Site of work: _____
Office Address : _____
Purpose of loan: _____
Have you any previous loan with RGEA? Yes No
Amount applying for: Rs _____
Repayment Period: _____ Months

1) I am fully aware of the provisions applicable under the Data Protection Act. The purpose of data collection is to process the loan. I consent that you use, update and process the data and keep the details given to you in a database. It is mandatory to provide data, else the RGEA will not process the loan.
The loan amount approved will be based on my credit profile

2) I undertake to inform immediately in writing the RGEA in case of any changes in the personal data provided above.

I formally declare that the statements are true and correct.

Name of Applicant:Signature:Date.....

FOR OFFICE USE ONLY

I certify that the above particulars have been filled in properly and the applicant's signature is correct and all relevant documents submitted and verified.

Date: / /

Signature:

ACKNOWLEDGEMENT: UNDERTAKING TO REFUND BY INSTALLMENT

I (Name of Applicant) acknowledge having received from the RGEA-Provident and Medical Fund the Sum of Rupees as loan, subject to the conditions laid down by the Fund. I, undertake to refund this loan by equal monthly and consecutive installments of Rsinmonths; each such installment shall represent an installment of the principal amount and of interest rate applicable at 10% p.a and shall be paid through check-off system from my salary at source.

I also undertake to pay all dues in connection with any previous loan prior to granting of the loan. In case of any default in payment of any installment at the due date, the entire balance of the loan together with any interest due shall become immediately due and demandable, at the option of the Fund.

All legal fees, expenses, other commissions to be paid to Attorney at Law and/or Debt Collectors and court fees in view of recovery of the debt shall be borne by the applicant.

***Wording**

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Applicant's Signature Date:

As Guarantors, we bind ourselves jointly and in solido to repay in full to the the RGEA-Provident and Medical Fund any balance which may be due to the Fund in respect of the loan and the interest thereon, should the borrower resign, or be dismissed or otherwise fail to repay the said loan in terms of the agreement. We hereby renounce to our rights for 'benefice de discussion et de division' and agree that we may be treated as principal debtor. We also give an unequivocal authorization to our employers to make salary deduction or debit our account as requested by the Fund.

***Wording**

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Guarantor's Signature (1) Date:

***Wording**

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Guarantor's Signature (2) Date:

***Please write in words and in your own handwriting in spaces provided: "Read and approved good for the sum of rupees....."**

....."

LOAN APPLICATION PROCESSING

Previous Loan Details

Amount of previous loan(including interest) Rs.....Date.....
Refund period ; from.....to.....
Monthly instalment Rs.....
No of instalment paid.....
Total loan repaid.....
Amount due on previous loan.....
Remarks

I certify that the above information is true and correct

Name:
Date: **Signature:**

LOAN OFFICER

Eligibility:
Loan amount approved:
Interest:
Refund period ; from.....to.....
Monthly instalment Rs
Remarks
Name:
Date: **Signature:**

TREASURER

Remarks
Name:
Date: **Signature:**