



TIP *lifeline*

LOAN APPLICATION

MEMBER NO.:	INSTITUTION CODE:	MOE PAID BURSAR PAID	DATE:	
FULL NAME OF APPLICANT:			T.R.N.:	
MAIDEN NAME:				
DATE OF BIRTH (DD/MMM/YEAR):				
EMAIL ADDRESS:				
TELEPHONE NUMBER(S):				
ADDRESS OF CURRENT RESIDENCE:				
HOW LONG HAVE YOU RESIDED THERE?		IF LESS THAN 2 YEARS, STATE LAST ADDRESS:		
DO YOU: RENT OWN OTHER				
IF RENT, STATE RENT:				
IF OWNED, STATE MORTGAGE:				
IF OTHER, PLEASE EXPLAIN:				
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):				
OCCUPATION OF APPLICANT:				
PLACE OF WORK:				
WORK ADDRESS:				
			TELE. NO.:	
LENGTH OF EMPLOYMENT:				
SALARY: GROSS PAY:		NET PAY:		
ANY OTHER SOURCES OF INCOME:				
IF YES, STATE SOURCE(S) AND AMOUNT:				
NAME OF SPOUSE / NEXT OF KIN:				
ADDRESS OF SPOUSE / NEXT OF KIN (if different from applicant):		D.O.B.		
		TELE. NOS.:		
OCCUPATION OF SPOUSE / NEXT OF KIN:				
SPOUSE / NEXT OF KIN PLACE OF WORK & ADDRESS:				
TELE. NOS.:		SALARY: _____		
LENGTH OF EMPLOYMENT:				
NUMBER OF DEPENDENT(S):		AGES OF DEPENDENT(S):		
CARD LIMIT BEING APPLIED FOR:				
\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
WILL YOU BE ON LEAVE WITHIN THE NEXT TWELVE (12) MONTHS?				
WILL YOU BE MIGRATING SOON?				

LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THREE REFERENCES. ONE OF WHOM MUST BE A CLOSE RELATIVE AND ONE MUST BE A TIP MEMBER. *RELATIVE NAMED MUST NOT HAVE THE SAME ADDRESS AS LOAN APPLICANT.*

1)	NAME (TIP MEMBER)	TELE. NO.	
	ADDRESS		
	PLACE OF WORK, ADDRESS		
	WORK TELE. NO.		
2)	NAME (RELATIVE)	TELE. NO.	
	ADDRESS		
	PLACE OF WORK, ADDRESS		
	WORK TELE. NO.		
3)	NAME (OTHER)	TELE. NO.	
	ADDRESS		
	PLACE OF WORK, ADDRESS		
	WORK TELE. NO.		

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORISE TIP FRIENDLY SOCIETY TO OBTAIN INFORMATION REGARDING ME FROM ANY OF THE AFOREMENTIONED REFERENCES, EMPLOYER, EDUCATIONAL INSTITUTIONS, OTHER ORGANISATIONS AND/OR INDIVIDUALS. I CONSENT TO TIP FRIENDLY SOCIETY TO CONDUCT ANY INVESTIGATIONS IT MAY CONSIDER NECESSARY IN CONNECTION WITH MY APPLICATION FOR A LOAN. **I ACKNOWLEDGE THAT AN ANNUAL FEE OF \$5000 WILL BE APPLIED FOR THE USE OF THE CARD, THE FIRST BEING DEDUCTIBLE UPON ACTIVATION OF THE CARD.**



I _____ ACKNOWLEDGE RECEIPT OF \$ _____ AS A
TIP LIFELINE LOAN ACQUIRED FROM TIP FRIENDLY SOCIETY. MY PREVIOUS LOAN BALANCE(S) TO THE SOCIETY AMOUNT TO
 \$ _____ MAKING MY CURRENT LOAN LIABILITY TO TIP FRIENDLY SOCIETY \$ _____. I WILL
 REPAY PRINCIPAL AND INTEREST ON THE **TIP LIFELINE LOAN** AT A RATE OF _____ % MONTHLY, REPAYMENT OF \$ _____.
 IN THE EVENT OF DEATH, OUTSTANDING LOAN BALANCE(S) WILL BE DEDUCTED FROM INSURANCE PROCEEDS.

I DO UNDERSTAND THAT IF PAYMENTS ARE MADE AND THERE IS NO EXISTING BALANCE ON THE TIP LIFELINE CARD, THE PAYMENT(S) WILL BE
 TRANSFERRED TO A **TIP LIFELINE COMPULSORY SAVINGS ACCOUNT**, THE BALANCE OF WHICH WILL ONLY BE ACCESSIBLE UPON
 TERMINATION OF THE CARD OR BY SPECIAL AUTHORIZATION, ONCE THE COMPULSORY SAVINGS AMOUNT EXCEEDS THE CARD LIMIT.

I SOLEMNLY AGREE THAT MY REFUSAL/INABILITY TO REPAY ALL OUTSTANDING DEBTS WOULD CONSTITUTE A BREACH OF MY CONTRACT WITH
 TIP FRIENDLY SOCIETY. TIP FRIENDLY SOCIETY RESERVES THE RIGHT TO EMPLOY THE SERVICE OF A COLLECTION AGENCY TO TAKE ALL THE
 NECESSARY STEPS (INCLUSIVE OF LEGAL ACTION) TO RECOVER THE ENTIRE LIABILITY ALONG WITH THE FULL COST OF RECOVERY.

MEMBER'S SIGNATURE _____

DATE _____

TIP REPRESENTATIVE _____

FOR OFFICE USE ONLY

TOTAL INCOME (including spouse's):	\$ _____	Repayment Record on Previous Loan
MORTGAGE/RENT (from overleaf)	\$ _____	LAST LOAN: \$ _____
HIRE PURCHASE	\$ _____	
LOANS (not taken from salary)	\$ _____	
UTILITIES/FOOD/ETC.	\$ _____	Amt. Granted: \$ _____
PETROL/TRANSPORATION	\$ _____	Date: _____
DEPENDENTS (lunch, transport, etc.)	\$ _____	How was the servicing of this loan?
TOTAL DEBTS	\$ _____	Had Loan ever been delinquent?
DEBT / INCOME	\$ _____	

POLICY INFORMATION AS AT _____

TOTAL SAVINGS ACCOUNT BALANCE: \$ _____

LOAN INFORMATION AS AT _____

CURRENT LOAN BALANCE:	REGULAR	\$ _____	REPAYMENT	\$ _____
	EDUCATIONAL	\$ _____	REPAYMENT	\$ _____
	QUICK CASH	\$ _____	REPAYMENT	\$ _____
	TIP EXPRESS	\$ _____	REPAYMENT	\$ _____
	MOTOR VEHICLE	\$ _____	REPAYMENT	\$ _____
	VACATION	\$ _____	REPAYMENT	\$ _____
	SUMMER	\$ _____	REPAYMENT	\$ _____
	EASTER	\$ _____	REPAYMENT	\$ _____
	CHRISTMAS	\$ _____	REPAYMENT	\$ _____
	TIP LIFELINE	\$ _____	REPAYMENT	\$ _____
	OTHER	\$ _____	REPAYMENT	\$ _____

ARE ALL THE DOCUMENTS RELEVANT TO THE LOAN PRESENT (PHOTOGRAPH, ID, INVOICES, ETC.)?
 WAS THE APPLICATION/UPGRADING FORM COMPLETED IN ITS ENTIRETY AND SIGNED BY MEMBER & REPRESENTATIVE?

AMOUNT APPROVED FOR CARD LIMIT: \$ _____

LOAN REPAYMENT AMOUNT: \$ _____

START DATE: _____

APPROVAL SIGNATURE: _____

DATE: _____

LOAN NOT APPROVED

Reason for Decline: _____

Authorized Signature: _____ Date: _____