

PNG POWER STAFF SAVINGS & LOAN SOCIETY LIMITED

PO BOX 7575, BOROKO, NATIONAL CAPITAL DISTRICT TELEPHONE: (675) 311 2458, 311 2459, 325 9300

enquiries@ppssls.com.pg / mservices@ppssls.com.pg **EMAIL**:

APPLICATION FOR CHILD CLUB ACCOUNT

Attach Child Photo Here **PART A:** (to be completed by the member)

Member First Name:	Surname:		ID No:
Date Of Birth://	Marital Status: Marrie	ed/Single/Other:	
Employer: Br	anch / Centre	Occupat	ion
Postal Address:	Phone No.	E	Email
Date Joined Employer://	Gross Salary:	N	Net: K
Province of Origin:	Village:	District: .	LLG:
CHILD DETAILS: (MUST BE BELOW 18 YE	EARS OF AGE)		
Name of Child:(First Name)		Date of	Birth:/20
Contact Details/Phone No:		Phone No	
Signature of Child:	Witness S	Signature(Member):	
Date:/ 20	Date:	// 20	
I hereby apply as a member of the PN0 account for my dependent.	G Power Staff Savings	& Loan Society Ltd	I to open a trust savings
In the event that my application is appropriately and any amendments thereof, (Amended) Act 2015.		-	
Signature of Applicant	Date/ 20	J	
Signature of Witness	Date/ 20		
PART B: (for Office Use Only)			
Date Application received:/20	Application appro	ved/not approved	(signed)
Computer input processed by:SignatureDate:/20			