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ALESCO - Deduction Code DMINI ALESCO - Payroll System

Location: Section 451, Allotment 09, Gemini Place, Cameron Road, Gordons, Port Moresby

| New Client: () Existing Client: () | TERMS & CONDITIONS |
|---|--|
| PERSONAL DEATILS Given Name: | The borrower must pay up his loan plus the full interest in due time (date), in accordance to Gemini Finance Ltd (GFL) loan repayment schedule, and the repayment of the loan shall be made on a |
| Sirename: | fortnightly installment basis. 2. If the borrower violates the "condition 1", and fails to make his/her |
| District: | loan repayments, thereafter, GFL shall impose a 20% default fee on |
| Province:BANKING DETAILS: | every missed fortnightly installments. The default fees then shall be added on his/her loan outstanding balance. |
| Bank Name: BSP () KINA BANK () WESTPAC () | The borrower must meet any cost incurred regarding non- repayments of loan, and this include legal fees, etc |
| Bank Account number (#): | 4. The Lender reserves the ultimate right to review the loan facility at |
| Bank Branch Name (optional) | least annually and withdraw the loan facility anytime for any reasons whatsoever. Any loan application can be rejected by GFL at its wish. |
| Type of account: Savings () Cheque () | GFL can at any time alter or change the interest rate, but the borrower must maintain the agreed loan, interest rate, default rate, etc., |
| EMPLOYMENT DETAILS | received at the time of his/her loan application. |
| Employer name: | DODDOMEDIC ACVANOMI EDCAMENT |
| Postal Address: | BORROWER'S ACKNOWLEDGMENT 1. I acknowledge that I have read through all the contents of this loan |
| Employee Name: | agreement and I will abide by the terms and conditions as set out herein. |
| File Number #: | 2. My bank account number is correct and the lender can directly credit |
| Job Title: | the proceeds of the loan and my future loan redraws. 3. I certify and confirm that all the information here is true and not false |
| Email: | 4. I shall be responsible on full indemnity basis for all costs incurred by |
| | the lender in preparation, negotiation, recovery and administration of |
| Phone Number #: FINANCIAL DETAILS: | this loan agreement. |
| Loan Amount Applied: K | I authorize my employer to do direct ALESCO Payroll Deduction and remit the cheque in favor of Gemini Finance Ltd's Bank South Pacific |
| Fortnightly Repayment: K | Account Number# 0000 923 903 |
| Number of Fortnights: | |
| Total Amount Repayable: K | Borrower's signature: |
| Starting Date of Repayment: | Date:/ |
| Ceasing Date of Repayment: | |
| IRREVOCABLE SALARY DEDUCTION AUTHORITY: To: The Paymaster of Dept/Company: | |
| From: | Work File #: |
| | fortnightly from my salary forfortnight (s) and remit the Cheque in O or Lodge Payment to Gemini Finance Ltd BSP Waigani Account #0000923903. |
| my current employment for whatever reason, I authori may have in respect of long service leave, Bonus and G EMPLOYER ACKNOWLEDGMENT: We hereby confirm to deduct the sum specified above | from the employee's fortnightly payroll starting from/and |
| | his amount will be remitted to Gemini Finance Ltd BSP AC #0000923903. We moreover agree |
| that this deduction will not stop (do altercations) with | out written authority from Gemini Finance Ltd or till the loan is fully repaid. |
| Employer/Paymaster Signature: | |
| | Here! |
| Paymaster Name: | Position: |