

RODRIGUES GOVERNMENT EMPLOYEES ASSOCIATION  
PROVIDENT AND MEDICAL FUND  
François Leguat 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: .....