



Guidance – Customers
Application - Home Loan with the Housing Authority



This is a guidance document to facilitate the application of housing loan with the Authority via email address: loans@housing.com.fj. Please have a read of this guidance document and the application form to plan on documentation and responses that are required with the application.

Your completed application are to be sent as follows:

1. Completed Loan Application Form (Word Copy and a PDF Copy)
2. Documents to the Application (scanned and emailed as single PDF file).
3. Subject of the email should be recorded as follows:

'Loan Application with your Name [Principal Applicant] and the Housing Authority Office' you applying to.

For example, if you have are applying from Lautoka:

'Loan Application – Jone Peters – Lautoka'.

4. The following loan packages are being offered at present:

Income	CHI < \$30,000	CHI > \$30,000, < \$50,000	> \$50,000 Approval of Hon. Minister	Repair / Extension / Completion Loan
Loan Package	C-19 (TD1)	C-19 (TD2)	TD 3	TD4
	(New RBF Package)	(New RBF Package)		
Year 1	3.45%	3.45%	6.99%	4.75%
Year 2	3.45%	3.70%		6.99%
Year 3	3.45%	3.70%		
Year 4	3.45%	3.70%		
Year 5	3.45%	3.70%		
Year 6 [Variable thereafter]	6.25%	6.99%		

5. Fees & Charges in relation to the loan can be obtained from Customer Relations at any Housing Authority office.



6. For insurance purpose, maximum loan per application is up to \$250,000. Applicant must have attained 18 years but is not over the age of 55 at last birthday and mortgage protection insurance is up to the age of 65 years.
7. Single borrowers with \$100,000 loan and above will have to undergo full medical examination which will be organized by the insurance company.
8. The following documents will support for the completion of your application for loan:

Document Name
Mortgage Protection Insurance
House Insurance
Fiji Care Form
Reserve Bank of Fiji Form
Property and Deed Search

9. At the end of the application form are standard letters that applicants are to complete or have it completed to support the application for loan:
 - (i) Employment letter (if in employment as source of Combined Household Income);
 - (ii) Outside Credit/Debt Held;
 - (iii) Consent to verify income with Fiji Revenue & Customs Authority and Fiji National Provident Fund; and
 - (iv) Debt owed for property to be financed from the Municipal Council.
10. Other documents to support your application are recorded on the application form. You are to ensure that all documents are provided to avoid delays in the processing of loans. The Authority will prioritize applications that provide completed documents.

[Thank you]

Important Notice:

Any person obtaining assistance from Housing Authority who willfully fails to disclose any material information within his/her knowledge or willfully makes a statement which he/she knows to be false or does not believe to be true, shall be guilty of an offence and on conviction for a fine not exceeding \$200 or imprisonment for a term not exceeding six months, or both such fine and imprisonment- Section 28 of Housing Act (cap 267)



MORTGAGE PROTECTION INSURANCE

Effective Date: 01/02/2021

THIS IS AN INFORMATION DOCUMENT ONLY & NOT A POLICY OF INSURANCE. THIS POLICY WILL LAPSE, AS SOON AS YOUR MORTGAGE DEBT IS PAID-OFF.
*The information contained herein is confidential, may be privileged, and is intended for the use of the individual or entity named herein only.
You are expressly prohibited from copying, disseminating, distributing, or in any other way using any of these information

GROUP MORTGAGE PROTECTION INSURANCE (MPI) AND DEBTORS MEDICAL INSURANCE (HEALTH INSURANCE) POLICY BRIEF

The Mortgage Protection (MPI) & Debtors Medical Insurance Cover is being placed under a Group Scheme with FijiCare Insurance Ltd on a direct basis. MPI is a compulsory cover whilst you can opt for Debtors Medical Insurance Policy.

1. SCOPE OF COVER

1.1 INSURED PERSON

- a. The individual who has been advanced a loan by Housing Authority.
- b. Has attained 18 years but is not over age of 55 at last birthday.
- c. Is not a hospital patient and does not suffer from a medical condition.
- d. Is a natural person (does not cover Estates, Trustees, Administrator or Administratrix).

1.2 AGREED BENEFIT

- a. The outstanding balance as at the beginning of each month and declared to the Insurance Company on which premium is paid by insured person.
- b. In the event of single debtors, the agreed benefit is paid in full.
- c. In the event of joint debtors, 50% of the agreed benefit is paid, except that if joint debtors are insured under comprehensive cover and there is a loss then 100% of the agreed benefit is paid.
- d. In the event of triple debtors, 33.3% of the agreed benefit is paid, except that if all debtors are insured under comprehensive cover and there is a loss then 100% of the agreed benefit is paid.

1.3 EXTENT OF COVER

- a. Total and Permanent Disability (TPD) – covers outstanding loan as at the date of loss (date at which borrower cease employment on medical grounds after being declared totally & permanently disabled by his/her treating specialist). All claims will have a six months waiting period and reviewed by Insurance Company's own medical doctors thereafter.

TPD is defined as:

"having been absent from work through injury or illness for an initial period of six (6) consecutive months and in Insurer's opinion being incapacitated to such an extent as to render the insured person unable to ever again engage in or work for reward in usual/normal occupation or work which he or she is reasonably capable of performing by reason of education, training or experience or

having suffered the loss of two limbs or the sight of both eyes or the loss of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot)"



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- b. Death & Funeral Benefit – covers outstanding loan as at the date of loss & a rider benefit of \$2,500 is payable to the next of kin upon receipt of notification of death of the insured member to assist the families with funeral expenses.
- c. Debtors Medical/Health Insurance – Covers costs for treatment of Cardiac (heart disease) and Cancer conditions only by way of evacuation to India at the preferred hospital of the Insurance Company. Cost of diagnostic procedures are not covered.

On a case by case basis, this Policy will accommodate cost of procedures if it is medically required recommended by the treating specialist for member suffering from cardiac or cancer condition for procedures to be carried out at the local approved Private Hospitals.

1.4 AGE LIMITS

No claims are payable for events defined under extent of cover after the Insured Person has reached the age of 65 years. In addition, no claims are payable on ADDITIONAL loans obtained after the customer have attained the age of 55 years.

2. DUTY OF DISCLOSURE

- 2.1 Duty to disclose all material facts rests with you as the insured and cannot be delegated.
- 2.2 Any non-disclosure or misrepresentation of a material fact could result in an insurance policy being rendered void or claims under an insurance policy not being paid in whole or in part.
- 2.3 Full disclosure is to be provided whilst completing the MPI Application form. Should the customer get total permanent disabled or die within 12 months of obtaining a loan and a claim is lodged, the insurer reserves the right to conduct full medical history check. On findings of any pre-existing medical condition, claim can be declined as well.
- 2.4 For all loans in excess of \$100,000 per insured person, the Insured Person will require a full medical examination by a medical practitioner appointed by the Insurer prior to cover is being confirmed.
- 2.5 Existing customers who did not sign up for this cover and intend to join the Policy in the mid-term, will require to undergo a full medical examination irrespective of the loan amount.
- 2.6 Every insurance contract is subject to the doctrine of utmost good faith, which requires that parties to the contract should act toward each other honestly and fairly, avoiding any attempt to deceive in assuming and performing contractual obligations.
- 2.7 Failure to do so on the part of the insured may permit the insurer to refuse to pay a claim or to cancel the policy.

3. GEOGRAPHICAL LIMITS

- 3.1 Within Fiji.
- 3.2 Only existing and additional loan prior to migration or being on working visa offshore will be insured.
- 3.3 Once insured has migrated, any additional loan obtained will not be insured.



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- 3.4 Military Officer, security guards, police officers who are on peacekeeping duties overseas and not migrated are exceptional.

4. EXCLUSIONS

No claims are payable under the Policy if the entitlement to the claim resulted directly or indirectly from:

- 4.1 suicide within 12 months of an Insured Member becoming insured with the company by way of this policy;
- 4.2 intentionally self-inflicted injuries other than suicide;
- 4.3 service in armed forces in the time of war, declared or undeclared, or while under orders for warlike operations;
- 4.4 riot and civil commotion, strikes or terrorist activities. This exclusion does not apply to Armed and Police Forces;
- 4.5 violation or attempted violation of the law of resistance to arrest;
- 4.6 entering, operating or servicing, riding in or on off, ascending or descending from or with any aerial device or conveyance except while the Insured Member is in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route or while engaged in helicopter activities;
- 4.7 Acquired Immune-Deficiency Syndrome (AIDS) or infection by a Human Immune-Deficiency Virus (HIV);
- 4.8 Long-term medical conditions;
- 4.9 12 months waiting period will apply to any pre-existing conditions;
- 4.10 Any sickness or injury for which the Insured Member sought advice or treatment during the 12 months prior to the date of commencement of the loan contract or the date of any increase in the amount of loan under an existing loan contract, or the date of the addition of the Insured Member as a new Borrower in respect of an existing loan contract and which required treatment within the 12 months after the relevant date;
- 4.11 No total and permanent disability benefit will be payable for a condition for which the Insured Member could have claimed at his entry date;
- 4.12 Falsifying important information(s), which could have declined the application on inception of cover.

5. POLICY CESSATION

The coverage offered under the policy ceases immediately the Insured Person repays the total loan balance to Housing Authority.

6. CLAIM REQUIREMENT

- 6.1 Claim is required to be notified to Housing Authority as soon as practically possible and claim documents should be submitted within 30 days from date of loss.



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6.2 Total and Permanent Disability (TPD) – latest & detailed medical report from treating specialist and letter from employer/statutory declaration confirming TPD in line with the definition as contained hereto.

6.3 Death – original or certified true copies of death and birth certificates.

6.4 Funeral Benefit – notify within 2 to 7 days from the date of death of insured member and forward notification of death, statutory declaration from the next of kin with their photo ID confirming they will conduct the funeral arrangements for payment of \$2,500.

If this benefit is not claimed within 7 days, then once the death claim is lodged and approved by the insurance company then Housing Authority will require the Probate/Letter of Administration to release the balance funeral benefit proceeds.

6.5 Debtors Medical/Health Insurance – latest & detailed medical report from treating specialist

If you wish to be included under the Group Policy, please indicate your acceptance in the space provided below. You will receive individual attention at all items and should you require further information and/or wish to submit a claim on your policy, please contact:-

- The Insurance Executive at Housing Authority Head Office, Valelevu on Telephone No. 339 2977.
- For properties in the Western Division, through the Housing Authority Officers in our Lautoka Customer Relations Centre on Telephone No. 666 0299.
- And for Northern Division properties through the Housing Authority Officers in our Labasa Customer Relations Centre on Telephone No. 881 1977

ACCEPTANCE

I/We, _____ of _____ fully understand the contents of these covers and hereby confirm that I/We wish to be included in the Mortgage Protection Insurance Group Policy based on the information provided in my/our completed MPI Health Declaration Form(s).

Options: (please tick appropriate box)

- Include Debtors Medical/Health Insurance Group Policy
- Not including Debtors Medical/Health Insurance Group Policy

Housing Authority will not be responsible for any liability until this application has been accepted and returned to Housing Authority and underwritten by FijiCare Insurance Ltd.

Signature of Insured(s)

Dated this _____ day of _____ 20_____

Survey Ref: _____ Lot No. _____ Subdivision: _____ A/C No. _____



HOUSE INSURANCE

Effective Date: 31/12/2019

This is an information document only & not a policy of insurance. This policy will lapse, as soon as your home loan is paid-off.

GROUP HOUSE (FIRE) INSURANCE POLICY BRIEF FOR MORTGAGE PROPERTIES WITH HOUSING AUTHORITY

The Housing Authority has arranged insurance cover with its Insurance Brokers, Marsh Ltd for our customers who wish to take part in a Group Policy currently placed with New India Assurance Company Ltd through Brokers, Marsh Pte Limited.

1. **COVERAGE**

As you have signed-up with Housing Authority, your house as per the approved building plans will be insured under the Group Insurance Scheme against direct damage arising out of: -

- 1.1 Fire (whether resulting from Explosion or otherwise) and/or Lightning
- 1.2 Explosion of domestic boilers and/or gas used for domestic purposes or for heating and/or lighting.
- 1.3 Earthquake, Volcanic Eruption,
- 1.4 Tidal Wave caused by or happening through or following earthquake.
- 1.5 Aircraft and other Aerial Devices and articles dropped therefrom.
- 1.6 Impact by animals or land vehicles other than belonging to insured or their family members permanently residing with him but excluding loss or damage to property in open.
- 1.7 Water Damage as a direct consequence of water discharged or leaking from any pipe or water system installed in or on the building(s) and/or an adjoining building(s) and/or by water from a water main outside the building(s) but excluding destruction or damage caused directly or indirectly by:
 - a. water discharge or leaking from any sprinkler or drencher installation or any tank connected therewith.
 - b. Rainwater
 - c. In consequence of flood, storm and or tempest
- 1.8 Electrical Damage shall mean: Damage caused by actual Burning out by abnormal electric current of electric motors (not rated more than 2 HP), switchboard and permanent wiring up to a limit of \$1,000.00 with an excess of \$100.00. The Company however shall not be liable under this extension for damage to lighting or heating element, fuses or protective devices and electric contacts at which sparking or arcing occurs in ordinary working.
- 1.9 Acts of Authorities where such act is by any lawfully constituted public authority for the purpose of preventing or controlling fire or any other insured peril – limited to \$5,000.00.
- 1.10 Windstorm, Gale, Hurricane or Tropical Cyclone to *fully enclosed building structures only* arising therefrom-excluding loss of or damage to:
 - a. Loss or damage to the insured interest by water or rain, unless such loss or damage is caused by water or rain entering the building through openings in the wall or roof(s) made by storm and/or tempest
 - b. Caused by sea surge, tidal wave, high-water, flood, erosion, subsidence or landslide
 - c. Metal smoke stacks, gates, fences awnings, blinds, signs, solar heating devices, power and/or telephone poles and appurtenances, aerial masts, decorative mast, roof thatching, shingles or other outdoor fixtures or fittings of any description
 - d. Premises in course of construction, re-construction or repair unless all outside doors, windows and other openings thereto are entirely enclosed and protected against Cyclone and/or windstorm.
 - e. Items located outside enclosed building structures (e.g. fences, gates, awnings, solar panels, ac units, etc.) are not covered for cyclone insurance.
 - f. Loss or damage to buildings (or contents contained therein) not constructed in conformity with regulations, codes and/or by laws pertaining to prevailing building standards.
 - g. Loss or damage to all materials, goods or stocks in open yards or compounds.



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1.11 Flood, which shall mean:

- a. the unusual and rapid accumulation of water from river/sea:
- b. the rising (including the overflow or breaking of boundaries) of the sea, lakes, ponds, rivers, reservoirs, harbours, streams and similar bodies of water.

1.12 Loss, destruction or damaged caused by:

- a. Riot and Civil Commotion, Strikes and Locked Out Workers or persons taking part in Labor Disturbances, which shall mean: -
 - i. any act committed in the course of a disturbances of the public peace by any person taking part together with others in such disturbances: or
 - ii. any willful act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out; or
 - iii. any act of any lawfully constituted Authority for the purpose of suppressing or minimizing the consequence of any existing disturbance of the public peace, or for the purpose of preventing any such act as is referred to in (ii) above or minimizing the consequences thereof, but, in the case of loss or damage caused by any such act as is referred to in (ii) above.
- b. Malicious Damage shall mean loss of or damage to the Property Insured directly caused by any malicious act of any person whether or not such act is committed in the course of a disturbance or the public peace.

2. POLICY DEDUCTIBLE

Peril	Policy Deductible
Cyclone, Windstorm, Hurricane, Flood claims	\$2,000 for each claim
Earthquakes, Volcanic Eruption, Tsunami	\$1,500 for each claim
Fire	\$1,000 for each claim
All other Perils	\$500 for each claim

3. BASIS OF SETTLEMENT

- Property listed in the monthly schedule and underwritten with valid premium payment will be covered under this Policy.
- All properties are encouraged to have a valid Engineers Certificate at all times to benefit from the full scope of cover.
- If current and valid Valuation Report is available, cover will be on Reinstatement/Replacement Value basis, otherwise on Indemnity Value basis subject to Condition of Average.

4. EXCLUSIONS

It shall be a condition precedent to your right to indemnity under this policy that you prove to the Insurance Company's satisfaction that the loss, damage or liability claimed for did not arise directly or indirectly from, was not related in any way to, and was not contributed to in any way by: -

- 4.1 Riot, malicious acts, civil commotion, civil disturbance, civil war, insurrection, popular rising, rebellion, revolution, terrorism, sabotage, subversive, acts, militarily rising, military or usurped power, invasion, war and hostilities, strikes or locked out workers, persons taking part in labour disturbances or any activities in connection therewith, any action of military, police, security or other authorities or instrumentality whether government or not, including any loss damage or liability directly or indirectly resulting from any of the above;
- 4.2 The actions of any political or vigilante group;
- 4.3 Looting, sacking and/or pillaging;



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- 4.4 Permanent or temporary dispossession resulting from confiscation, commandeering, requisition by any lawfully constituted authority or body, or unlawful occupation by any person;
- 4.5 The actions of the police, any armed forces or any lawfully constituted body where such actions are in connection with 4.1, 4.2 or 4.3 above;
- 4.6 Any deliberate fire, whether to the insured property or not and whether started by the insured or not;
- 4.7 Loss or damage to buildings or their contents in the course of construction, reconstruction or repair unless such buildings are entirely enclosed with all outside door, windows and roofs permanently in place.
- 4.8 Deterioration of frozen or freezer or cooler goods or stocks resulting from electricity power failure.
- 4.9 Goods held in trust, or on commission, money, securities, stamps, documents, manuscripts, business books, computer system records, patterns, models, moulds, plans, designs, explosives unless specially mentioned as insured by this policy.
- 4.10 Sabotage and terrorism
- 4.11 Arising from wear, tear, depreciation, mildew, mould, rot, corrosion, rust, gradual depreciation, contamination, pollution, mechanical breakdown, neglect of maintenance, defective workmanship material or design, or structural alterations or repair;
- 4.12 Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
- 4.13 Any consequential loss of any kind;
- 4.14 War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not) civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular uprising, military rising, rebellion, revolution, insurrection, terrorism, military or usurped power;
- 4.15 Nuclear weapons material or ionizing radiation or contamination by radioactivity from any nuclear waste or from the combustion of nuclear fuel;
- 4.16 Subsidence, landslip, erosion, settling, cracking or removal or weakening of support;
- 4.17 Confiscation, nationalization or requisition by order of the Government or Local Authority;
- 4.18 The failure of power or other utility service supplied to the prescribed premises, howsoever caused, if the failure occurs away from the described premises.
- 4.19 That should any damage to buildings or contents by any of the insured perils have occurred prior to the commencement of this insurance cover, such damage not having been repaired or made good, the insurer shall not be liable for any damage occurring subsequently.

In any claim, and in any action, suit or other proceedings where the Insurers allege that by reason of the provisions of this Exclusion any loss or damage is not covered by this Insurance, the burden of proving that such loss or damage is covered shall be upon the insured.

5. UNOCCUPIED PREMISES

Any loss or damage (including losses from natural perils such as Cyclone, Earthquake, Flood, etc.) occurring to property that is unoccupied or unattended for over 30 consecutive days will not be covered.

6. DUTY OF CARE

- 6.1 Ensure that your building meet the required Fiji Building code standards for cyclone resistance
- 6.2 Take preventive measures to avoid losses as soon as a cyclone warning is issued by the Metrological office such as:-



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- a. Trim big trees around the building & put up cyclone shutters
- b. Ensure adequate security at the premises pre and post cyclone
- c. During cyclone warning, be proactive to prevent major loss

7. CLAIM PROCEDURES

The insured shall: -

- 7.1 Claim is required to be notified to Housing Authority as soon as practically possible but within 15 days.
- 7.2 Lodge to the Housing Authority within 45 days the following: -
 - 7.2.1 Completed claim form
 - 7.2.2 Police Report
 - 7.2.3 Report from National Fire Authority (for fire claims)
 - 7.2.4 Repair quotes
 - 7.2.5 Other supporting documents including photos
- 7.3 Take all reasonable steps to prevent further loss or damage.
- 7.4 In the event of any claim, the Insurer shall be entitled to enter any premises where loss or damage has occurred, take, and keep possession of the property and deal with salvage in a reasonable manner. No property may be abandoned to the Insurer.

The above citation is only illustrative in nature and not exhaustive one. For any clarifications or reference, New India Assurance Fire Insurance Policy wordings shall prevail and to be referred for the purpose of taking insurance and for the purpose of lodging claims.

This Policy wording will be made available to you at New India office on request from you. You will receive individual attention at all items and should you require further information and/or wish to submit a claim on your policy, please contact: -

- The Insurance Executive at Housing Authority Head Office, Valelevu on Telephone No. 339 2977.
- For properties in the Western Division, through the Housing Authority Officers in our Lautoka Customer Relations Centre on Telephone No. 666 0299.
- And for Northern Division properties through the Housing Authority Officers in our Labasa Customer Relations Centre on Telephone No. 881 1977



ACCEPTANCE

I/We, _____ of _____ fully understand the contents of this Policy and hereby confirm that I/We wish to have our property situated at _____ included in the Group House (Fire) Insurance Policy with the New India Assurance Co. Ltd with the sum insured of \$ _____.

Housing Authority will not be responsible for any liability until this application has been accepted returned to Housing Authority and underwritten by New India Assurance Co. Ltd.

Signature of Property Owner(s)

Dated this _____ day of _____ 20_____

Survey Ref: _____ Lot No. _____ Subdivision: _____ A/C No. _____

Copy to: Insurance Executive



FIJI CARE INSURANCE FORM



HOUSING AUTHORITY MORTGAGE PROTECTION INSURANCE APPLICATION FORM

Account Number: _____

BORROWER	
Name: _____	(Please tick) Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Date of Birth: _____	Occupation: _____
Address: _____	
Phone Contact: (Home): _____	Business: _____ Fax: _____
Family Doctor's Details (Name/Address/Phone Number) _____	
DETAILS OF LOAN [Please tick & indicate loan amount as applicable] - Existing MPI members must complete both, the existing loan & additional loan amounts.	
New Borrowers New Loan Amount (F\$): _____ <input type="checkbox"/>	Existing Borrowers Existing Loan Amount (F\$): _____ <input type="checkbox"/> Additional Loan Amount (F\$): _____ <input type="checkbox"/>
Type of Cover: Specified (Comprehensive) <input type="checkbox"/>	Unspecified <input type="checkbox"/> Term of loan: _____ (Years)
Monthly Repayment: \$ _____	Commencement Date (Original loan): ____/____/____ Commencement Date (Additional loan): ____/____/____
PERSONAL HEALTH STATEMENT - (Please tick)	
To the best of your Knowledge, have you:	
1. Are you currently on any treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ever had treatment or been informed that you have blood pressure problems, heart trouble, cancer, diabetes, kidney or liver or bowel disease, digestive disorder, lung disease, bronchitis, tuberculosis, stroke, fits, mental illness or nervous disorder, suffered serious personal injury or AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Consulted a doctor for medical or surgical advice or treatment of any ailment, injury or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Ever had any application of life and / or Dread Disease Insurance declined or deferred by a life or general insurance company or society or accepted with a loading or otherwise as submitted or received a disability benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
It is important that you answer all questions to the best of your knowledge and belief and disclose all relevant facts. These are facts that an Insurer would regard as likely to influence the assessment and acceptance of an application. If you fail to do so and a policy's issued, all or part of the benefit may not be available. If you are in any doubt as to whether certain facts are relevant, you should disclose them.	
If you have answered "Yes" to any of the questions, please give full details below, showing the date of treatment, doctor's name and address of doctor/medical centers/hospitals:	
<u>Date</u>	<u>Sickness</u>
<u>Doctor's Name/Address</u>	<u>Hospital/Medical Centre Name & Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
I, the life to be insured, declared:	
1. I hereby certify that this declaration is true and correct and that the answers given above and/or to the Medical Examiner for FijiCare Insurance are true.	
2. Any Medical Practitioner who has or may be consulted by me is authorised to divulge at any time to FijiCare Insurance Limited any information with regard to myself.	
3. I waive all professional confidence and provisions of the law relating to privilege forbidding disclosure material to the Insurance cover.	
4. Any untrue statement I may have made, or material information I have withheld may result in the contract being declared void.	
5. Failure by you to disclose relevant information may result in all part of the policy cover not being available and may prejudice your rights, or the rights of any other Person, to make a claim against the issued insurance policy.	
Signature of Borrower: _____	Date: ____/____/____
HA Officer's Name: _____	HA Officer's Signature: _____ Date ____/____/____



PROPERTY AND DEED SREARCH

NAME SEARCH TITLE SEARCH FORM

DATE: ___/___/2021

TIME: ___:___AM/PM

FULL NAME: _____

FATHERS NAME: _____

TIN NUMBER: _____

DESIGNATION: _____

REASON FOR SEARCH: _____

Provide details of any Title/ Lease/Dealings:

REMARKS: (for official use only)

FOR: REGISTRAR OF TITLES

DATE: _____

TIME: _____

REGISTRAR OF TITLES OFFICE

Disclaimer

The remarks are based on the information provided by the person/entity named above and the Office of the Registrar of Titles accepts no responsibility or liability for the accuracy or the completeness of the information. Under no circumstances will the Office of the Registrar of Titles be held responsible or liable in any way for any claims, damages, losses, expense, costs or liabilities whatsoever (including without limitation, any direct or indirect damages for the loss of profits, business interruption or loss of information) resulting or arising directly or indirectly for your use of or inability to use this information, or from your reliance on the information even if the Office of the Registrar of Titles has been advised of the possibility of such damages in advance.

The user of this service further acknowledges and agrees that the Office of the Registrar of Titles shall not be responsible or liable, whether directly or indirectly, for any damages or loss caused or sustained by the user, in connection with any use or reliance on information provided.



RESERVE BANK OF FIJI FORM

RESERVE BANK OF FIJI



HOUSING FACILITY APPLICATION FORM

Application Details	
Name	
Address	
Location of Property	
Phone/ Mobile	
Fax/ Email	
Funding Details	
Total Funding Required (\$)	
Estimated Funding Duration	
Proposed Drawdown Date	
Declaration of the Applicant(s)	
I/ We hereby certify that the information provided is true and correct to the best of my knowledge.	
Name:.....	Signature:.....
Title:.....	Date:.....
Name:.....	Signature:.....
Title:.....	Date:.....
<i>Names and Signature(s) of applicant(s).</i>	
Lending Institution Verification	
Institution Name	
Branch	
Assessing Officer	
Declaration of the Lender	
I hereby certify the above applicant (s) has fully satisfied all the conditions outlined under the Housing Facility.	
Name of Assessing Officer	
Signature	
Date	
<p>Note:</p> <p>1. Loans under the Housing Facility are only offered to first home owners that earns up to \$50,000 per annum.</p> <p>2. In the event that the lender is unable to pay the RBF on the specified date, the RBF will debit the respective lending institution's ESA/Call/Advance account for the total outstanding advance, including interest accrued.</p> <p>3. Completed forms to be submitted to Manager Domestic Markets, Tower 2, Reserve Bank of Fiji.</p>	