NILS Conditional Loan Agreement

Please read this carefully and ask any questions you might have before you sign.

Good Shepherd Microfinance runs NILS, a No Interest Loan Scheme. NILS is delivered by Women's Health Goulburn North East Inc. Women's Health Goulburn North East can help people to get loans from Women's Health Goulburn North East Inc.

I (print name)…………………………………………………………………………………..
Of (address)…….
…….
…….
agree that I:

1.   have been informed of my rights and responsibilities as a NILS client.
2.   declare all information that I have disclosed for the purposes of my loan application, including the budget, is true and correct to the best of my knowledge.
3.   understand that all of my personal information in the loan application including any forms, bills, statements and proof of identity will be sent to Women's Health Goulburn North East Inc so they can decide if I can get a NILS loan.
4.   will let other NILS Providers know my name and if I applied or have had a previous NILS loan, so that the Loan Provider can check if I have repaid my previous NILS loan before I can get a new NILS loan or check if my situation has changed before I can get a second NILS loan.
5.   will let Women's Health Goulburn North East and Women's Health Goulburn North East Inc record and collect all personal information from myself in a database managed by Good Shepherd Microfinance and use that information so they can help run and improve NILS.
6.   will let Good Shepherd Microfinance give de-identified information about me (like gender, age, ethnicity, income, loan information) to governments in Australia to improve services to help more people.
7.   can ask to see the privacy policy of Women's Health Goulburn North East, the Women's Health Goulburn North East Inc and Good Shepherd Microfinance at any time. This privacy policy is available at *http://goodshepherdmicrofinance.org.au/privacy-policy/*

In addition, if my loan application is approved, I:
8.   agree that my name and other personal information can appear on the NILS system.
9.   agree that I will borrow $.................from Women's Health Goulburn North East Inc or a lower amount as agreed and confirmed by Women's Health Goulburn North East Inc if the supplier discounts the item.
10. agree that I will repay Women's Health Goulburn North East Inc the sum of $.............. which I have borrowed for the purpose of ……………………………………………………………………………………….. I will only use the loan for that purpose.
11. agree that if this loan amount is reduced the amount I agree to repay will be adjusted accordingly.
12. will repay at the rate of ………………. a fortnight, starting on my next benefit or pay date and/or no later than 14 days after loan approval, by , until I have no outstanding amount. No charge (such as interest) is made for providing the loan under this agreement.

13. will contact Women's Health Goulburn North East Inc if I have any problems making repayments on this loan.
14. am aware that I am able to ask Women's Health Goulburn North East Inc to change the amount I have to repay each time, or when I have to make repayments.
15. will update Women's Health Goulburn North East Inc if I change my home address, email address, mobile phone or other phone number.
16. know that any overpayment of the full amount of the loan provided will be returned via Centrepay or direct deposit. If the Loan Provider does not have current details and I can't be contacted, any refund that has remained unpaid for 12 months or more will go to the Government of VIC as required by law.
17. know that Good Shepherd Microfinance and the National Australia Bank may check my file to make sure that Women's Health Goulburn North East Inc is run properly.
18. will let Good Shepherd Microfinance give de-identified information about me (like gender, age, ethnicity, income, loan information) to the National Australia Bank to show how their money is used.
19. know that I can make additional repayments into the NILS Bank Account at any time via direct deposit:

Signed Client 1: _____   Date: ___/___/_____

Name: _____

_____
Signature of Witness (NILS Microfinance Worker)   Date: ___/___/_____