

CRAIGMILLAR CREDIT UNION LIMITED



APPLICATION FOR A LOAN

PLEASE PRINT IN BLOCK CAPITALS EXCEPT FOR NORMAL SIGNATURES

| | | | | |
|-------------------------------|--|-------------------------------|---|--|
| Membership Number: | <input style="width: 95%;" type="text"/> | Applicant Surname Mr/Mrs/Miss | This is for officials use only | |
| I hereby apply For a loan of: | £ <input style="width: 80%;" type="text"/> | Applicants First names: | LOAN NUMBER <input style="width: 80%;" type="text"/> | |
| For a period of: | <input style="width: 80%;" type="text"/> | | Officers Name: | |
| | | | Officers Comments | |
| | | | | |
| | | | | |
| | | Date of application: | <input style="width: 20%;" type="text"/> | <input style="width: 20%;" type="text"/> |
| | | Date loan is required: | <input style="width: 20%;" type="text"/> | <input style="width: 20%;" type="text"/> |
| | | | Payment | <input style="width: 80%;" type="text"/> |
| | | | Location | <input style="width: 80%;" type="text"/> |
| | | | Was the applicant interviewed? Yes/No | Date |

I require this loan for the following Provident and Productive purposes (please explain your need fully).

.....

I am not indebted to any other Credit Union, bank, or loan agency, either as a borrower or a guarantor, except as stated on reverse side of this application form. The statements are herein are made for the purpose of obtaining the loan to the best of my knowledge and belief.

Applicants Signature: Address:

..... Tel No: Date of Birth:

If you have declared your partner's income details as part of your overall income in applying for this loan, your partner will need to sign below confirming agreement for their information to be used in considering the loan and its repayment.

Partner's name (Print): Partner's signature:

Data Protection Statement: In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purpose of managing your accounts with the credit union. Your personal details will be treated confidentially and will only be shared with other agencies for the purpose of debt recovery.

We may at times use your details to keep you informed of services available from the credit union. If you do not wish your details to be used for these marketing purposes, please tick this box.

| | |
|---|--|
| <p>FOR CREDIT COMMITTEE OR LOAN OFFICER USE (write all information in block capitals)</p> <p>On Day Of 20..... We approve the loan of £ For A Period Of</p> <p>The following comments are to be made to the applicant:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Approved By The Loan Officer: (Signature)</p> <p style="text-align: right;">Date:</p> | <p>All Credit Committee members shown as present in the minutes of the meeting at which this application was considered and approved must sign below</p> <p>Sig: Date:.....</p> <p>Sig: Date:.....</p> <p>Sig: Date:.....</p> <p>Sig: Date:.....</p> <p>Sig: Date:.....</p> <p>Sig: Date:.....</p> <p>Sig: Date:.....</p> <p>Chairman</p> <p>..... Date:</p> |
|---|--|

APPLICANT'S STATEMENT

Marital Status:

Homeowner/Tenant/Living with parents/guardian/Lodger
(*delete as appropriate)

Number of Dependants:

| EMPLOYMENT | |
|---------------------------|----------------|
| <u>Applicant</u> | <u>Partner</u> |
| Name/Address of Employer: | |
| | |
| Position: | |
| Date Employed: | |
| Full time/Part time: | |

| OUTGOINGS (WEEKLY/MONTHLY) | £ | INCOME (WEEKLY/MONTHLY) | £ |
|--|------------|-------------------------------|------------|
| Rent/Mortgage | | Applicants Income | |
| Community Charge | | Partner's Income | |
| Electricity | | Unemployment Benefit | |
| Gas | | Sickness Benefit | |
| Life Assurance | | Income Support | |
| House Insurance | | Pensions | |
| TV Rental/Licence | | Maintenance Contributions | |
| Travelling | | Child Benefit | |
| Telephone | | Mobility/Invalidity Allowance | |
| Telephone/Mobile | | Family Credit | |
| Childminding | | Attendance Allowance | |
| School Meals | | Other | |
| Regular Prescriptions | | | |
| Hire Purchase | | | |
| Credit Cards | | | |
| Household – food etc. | | | |
| Credit Union Payment | | | |
| Socialising, Entertainment, Tobacco etc. | | | |
| Other | | | |
| TOTAL OUTGOINGS: | A £ | TOTAL INCOME: | B £ |

BALANCE OF INCOME/OUTGOINGS (A-B)

STATEMENT OF INSURABILITY

I declare that to the best of my knowledge and belief (I am/I am not) in good health and (I am/I am not) fit to follow my normal occupation. (Delete as appropriate)

Applicants Signature **Date**

Craigmillar Credit Union Limited reserve the right to request a personal interview with any applicant to assist with its lending decisions.

