

# Loan Application

Please complete in block capitals



Castle & Crystal Credit Union

## For Office Use Only

PHOTOCOPY CHO

Cheque Number ..... Loan Number .....

### Section 1 – About You

Member Number ..... Payroll Number .....

National Ins Number ..... Date of Birth .....

First Name ..... Surname .....

Address .....

..... Post Code .....

Telephone No (day) ..... Mobile No .....

Telephone No (eve) ..... Email .....

Length of time at this address: ..... Years ..... Months (if less than 3 yrs provide previous)

Previous Address .....

..... Post Code .....

Are you? Employed / Unemployed / Self employed / Full time student / Retired / Other

If employed is your contract: Permanent / Temporary

If temporary please give your contract end date .....

If employed 'other' please specify .....

If Student please state institution attended .....

Name of Employer .....

Address of Employer .....

.....

No of years with employer ..... Work Telephone Number .....

**Section 2 – About the loan you require**

I wish to apply for a loan of £ ..... Date Required .....

Cheque payee (if different from members name) .....

I would like to repay my loan over ..... Months / Fortnights / Weeks (max 3 years)

Purpose of loan .....

We need to check your income & expenditure in order to:

1. See that you can afford the loan repayments
2. See that you are a reasonable risk for the Castle & Crystal Credit Union

If you include income and expenditure of your partner evidence will be needed and your partner will need to sign at Section 6 – Signatures

***Please note that if you do not provide ALL evidence we will have no choice but to terminate your loan interview and you will have to re-book the next available slot. To speed up the loan process you are advised to provide your loan application form and your evidence BEFORE the interview***

**Section 3 – Your Income details**

**Financial Information – Income – Please complete in FULL**

Weekly  Monthly (please state)

	Member	Partner
Average take home pay	£	£
Child Benefit	£	£
Working Family Tax	£	£
Child Tax Credit	£	£
Income Support	£	£
Other Benefits (please state type) i.e. sickness / unemployment / disability	£	£
Total Income Weekly / Monthly	£	£

**Section 4 – Your Expenditure details**

**Financial Information – Expenditure – Please complete in FULL**

Weekly  Monthly (please state)

	Member	Partner	Arrears / Bal Outstanding / Notes
<input type="checkbox"/> Rent / Mortgage / Board	£	£	
<input type="checkbox"/> Council Tax	£	£	
<input type="checkbox"/> Water	£	£	
<input type="checkbox"/> Gas	£	£	
<input type="checkbox"/> Electricity	£	£	
<input type="checkbox"/> Food	£	£	
<input type="checkbox"/> Telephone	£	£	
<input type="checkbox"/> Mobile Phone	£	£	
<input type="checkbox"/> Travel/Petrol	£	£	
<input type="checkbox"/> Home Insurance	£	£	

<input type="checkbox"/>	Life Assurance	£	£	
<input type="checkbox"/>	Catalogue(s)	£	£	
<input type="checkbox"/>	Cable/Sky TV	£	£	
<input type="checkbox"/>	TV Licence	£	£	
<input type="checkbox"/>	Car Loan	£	£	
<input type="checkbox"/>	Car Insurance/Tax/MOT	£	£	
<input type="checkbox"/>	Other loans	£	£	
		£		
		£		
<input type="checkbox"/>	Credit Cards/Store Cards	£	£	
		£	£	
		£	£	
<input type="checkbox"/>	Hire Purchase	£	£	
<input type="checkbox"/>	Clothing	£	£	
<input type="checkbox"/>	Pension	£	£	
<input type="checkbox"/>	Savings	£	£	
<input type="checkbox"/>	Credit Union	£	£	
<input type="checkbox"/>	Other (specify)	£	£	
		£	£	
		£	£	
		£	£	
	Total Expenditure	£	£	Weekly / Monthly

Have you ever had any County Court Judgments? YES / NO\* (delete).  
 We will require details such as what it relates to, if resolved and may require copies of payment agreements or proof of satisfaction, and reasons if it is not resolved.

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Have you ever been declared bankrupt? YES / NO\* (delete)

**Section 5 – Data Protection**  
**Data Protection Statement:**

In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purposes of managing your accounts with the credit union. Your personal details will be treated confidentially and will only be shared with other agencies for purposes of credit referencing and debt recovery, for which purpose we hold a Category F consumer credit licence.

**Section 6 - Signatures**

**Member's Declaration**

To the best of my knowledge I am / am not\* in good health. I do / do not\* require medical treatment (\*delete as appropriate). This loan is covered by loan protection, at no direct cost to yourself, in the event of your death. Each new loan agreement you enter into is governed by a six month pre-existing condition rule.

If death results from a pre-existing illness or injury for which medical advice, consultation or treatment was received prior to the date of each new loan the insurance company will not clear your loan. If you should die six months after the date of the loan this rule will not apply.

I declare that the information I have given on this form is, to the best of my knowledge and belief, accurate and full information. I understand that the provision of false information is fraud and that the credit union may take necessary action if I am found to have deliberately provided false or misleading information. By signing this document you are agreeing to the Castle & Crystal Credit Union to do checks on your past credit history.

Applicant's signature ..... Date .....

**Partner's Declaration**

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 ..... Signature ..... Date .....

**Section 7 – The Funds**

Should your loan be approved – How would you like to obtain the funds?

- Collect from Head Office – Dudley       Letter to cash – You require a Driving License or Passport

Cheque Collected Signature \_\_\_\_\_ Date \_\_\_\_\_

Post to my home address      Date Posted \_\_\_\_\_

Collect from collection point at .....

Please pay direct into my bank/building society account – Complete your details below:

Bank Account Name

Bank Account Number

Bank Sort Code

Member Signature

**Office Use Only**

Bill Payer Amount	£	Input onto Unity By	
Authorised on Unity By		Date funds Issued	
Confirmation Code		NB: Funds are in members account 3 working days after the issue date. Withdrawal should also be keyed as this date	
Share Balance	£	Loan Balance	£
Current Loan Repayments	£	New Loan Repayments	£
Current Savings (amt/freq)	£	New Savings (amt/freq)	£
Date		Method of Savings	

Loan Approved       Referred       Declined       Reason .....

Comments:

Loan Officer Signature .....