



# LOAN APPLICATION FORM



Loan Application						Official Use Only		
Name						Membership No.		
Address								
Telephone		Home:		Mobile:		Loan Ref.		
Date Joined				DOB		Week		Page
Amount of loan required				Date of application		<b>Balances</b>		
Purpose						Savings		
Marital Status				Dependants		ATM		
Residential Status						Time:    years    months		Loans
Employer's Name & Address						Loan Required		
Telephone		Work:		Ext:		RPI		
Occupation						Time:    years    months		Cancelled RPI
Status						New Loan Balance		
						Net Balance		
						Loans/Savings		
C Name						Repayment		
O Occupation						Repay inc. Savings		
Z Employer Name & Address						Frequency		
						Duration (Months)		
						Interest		
						Current Repayment		
						Loan Code		APR
<b>Income</b>						<b>Guarantor</b>		
Income						Name		
Spousal Income						Address		
Total Income (includes all recorded income)						Relationship		
						Member No.		
<b>Borrowings / Expenses</b>						<b>Letters</b>		
Company	Purpose	Balance	Monthly Amt	ExpenseType	Monthly Amt	Last    To Date		
						Teller		
						Highest Net    Last Net		
						<b>Last Loan</b>		
						Date Issued		
						Weeks	Amount	Total Paid
						<b>Loans to Date</b>		
						<b>Repaid to Date</b>		
						<b>Number</b>		

Repayment Protection Insurance			
Initial Unprotected Repayment I understand that this repayment is unprotected.		Initial Protected Repayment The benefits of Repayment Protection Insurance have been explained to me. I wish to protect my repayments.	
Member Signature		Member Signature	
Breadwinner Protection If you are not in full time employment you can still avail of RPI. Enter the name and date of birth of the Breadwinner below and your repayments will be protected in the event of the Breadwinner becoming ill or redundant.		Breadwinner Name	
Date of Birth		Date of Birth	
Data Protection Acts 1988 & 2003: I consent to the information contained in this application form being released to the Irish League of Credit Unions and Assurant General Insurance Limited and Assurant Life Limited for the purposes of Repayment Protection Insurance.			
I wish to avail of R.P.I.    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signed:		Date:    DD / MM / YYYY	



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## For Office Use Only

Loan Purpose Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Car Loan

Car Reg No	Year	Make/Model	Total Cost

### Document Check List

Arrears Profile	[ ]	Total Indebtedness	[ ]
Member Loan History	[ ]	ICB Credit Check	[ ]
Member Notepad	[ ]	Payslip / P60	[ ]
Credit Union Statement	[ ]	Bank Statements	[ ]

Guarantor For	Security	Amount
Name:		
Member No:		
Amount		

Lenders Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Decision

#### Loans Officer

Approved [ ] Rejected [ ] Interview [ ] Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

#### Credit Committee

Approved [ ] Rejected [ ] Interview [ ] Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

#### Board Of Directors

Approved [ ] Rejected [ ] Interview [ ] Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_