

LOAN APPLICATION FORM

THIS APPLICATION MUST BE FULLY COMPLETED. FAILURE TO DISCLOSE ALL REQUIRED INFORMATION MAY DELAY THE APPROVAL OF YOUR LOAN APPLICATION.

The Loans Committee may request proof of income. If you are unemployed you may be required to present recent pay slips or current bank statements. If self-employed a copy of your business accounts may be requested

1. Your Personal Details

SURNAME.....FIRST NAME(S).....

Address.....

Post CodePhone/Mobile Number.....

Membership No..... Date of Birth..... National Insurance No.....

Residential Status (Please tick)

Home Owner Tenant With Parents Other (details)

2. Marital Status: Married / Single / Partner / Divorced or Separated/ Widowed (please circle)

Is your spouse or partner a member of Willowfield Credit Union: Yes/No: Membership No

3. Employment Details : Work full time Work Part time Unemployed Retired

Total regular income after tax (excluding benefits)£..... ..weekly/ 2 weekly/monthly

Job title if employed

Employer's name.....

Employer's Address

Time with present employeryearsmonths

Please provide details of benefits if applicable and whether paid to you weekly, 2 weekly or monthly

Child Benefit£..... w/2w/m Income Support £.....w/2w/m JSA £.....w/2w/m

Incapacity Benefit £.....w/2w/m Housing Benefit £.....w/2w/m DLA £.....w/2w/m

Child Tax Credit £.....w/2w/m Working Tax Credit £.....w/2w/m Other £.....w/2w/m

Other income: Pension or Housekeeping from family members. Amount, source & frequency

Pension £.....w/2w/mSource.....

Other £.....w/2w/mSource.....

Dependants: Ages Number of other Dependants

Outgoings	Weekly	Monthly	Balance Outstanding
Mortgage/Rent/Rates			
Home/Life Assurance			
Food/Electric/heating /phone/TV			
Car/petrol/tax/insurance			
Child Care			
Credit Cards			
Other loans			

How much loan required £ _____

Purpose of loan £ _____

Period required to repay ___1yr___2yr___3yr___4yr___5yrs

Repayment : Weekly 2 weekly Monthly

Loan repayments can be made at our office or by Standing Order (Please ask for details)

Do you have any County Court Judgements or have you ever been made Bankrupt ? **YES / NO**

Member Health Declaration

I confirm that I am fit to follow my normal occupation or duties YES / NO

Signed _____ Date _____

DECLARATION

Sign this declaration ONLY if you fully understand it

I declare that the statements in this Application form are complete and true to the best of my knowledge and are made for the purposes of obtaining a loan. I understand that Willowfield Credit Union and its representatives may rely on the statements made in this application form in reaching a decision about my Loan application. I understand that if any such statements are subsequently found to be untrue that I will have committed a criminal offence and may be liable to criminal prosecution. I understand that I may be asked to provide further information in support of this application.

I understand that I am required to produce photographic ID plus one recent utility bill when collecting my loan if perchance my photographic identity is not held on our computer.

Signed _____ Date _____

Data Protection Act

In accordance with the principles of the Data Protection Act 1988, we will use your personal details for the purposes of managing your account with Willowfield Credit Union. Your personal details will be treated confidentially and will only be shared with other agencies for the purpose of credit referencing and debt recovery.

I hereby authorise Willowfield Credit Union to carry out a Credit Check if required.

Signed _____ Date _____