



SFCCU CREDIT UNION
Co-operative Society Limited



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SFCCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
#16 IRVING STREET, SAN FERNANDO
TELEPHONE#657-5669, 652-7510, FAX #653-0305
SHOP #7, MONTANO PLAZA, HIGH STREET, SAN FERNANDO
TELEPHONE#653-7745, 657-8571, FAX#653-7274
#14 AGARD ROAD, POINT FORTIN
TELEPHONE # 648-3504/, FAX# 648-3764
#15 GEORGE STREET, SIPARIA
TELEPHONE#649-3300, FAX#649-9530

LOAN APPLICATION FORM
(CAN WE ASSIST LOAN "CWAL")

MAXIMUM: \$5,000.00

DATE: _____

PERSONAL INFORMATION

MEMBER'S NAME _____

ACCOUNT# _____

MEMBER'S ADDRESS: _____

TELEPHONE NO: _____

I.D. NO: _____

CURRENT LOAN & INCOME DATA

SHARE BALANCE: \$ _____

EXISTING LOAN BALANCES

CURRENT INCOME: \$ _____

CHARACTER\$ _____

CURRENT DEDUCTIONS\$ _____

MORTGAGE\$ _____

NET INCOME AS

VEHICLE \$ _____

PER PAYSIP \$ _____

EHL \$ _____

CWAL \$ _____

TGIFL \$ _____

OTHER \$ _____

\$ _____

QUALIFYING CONDITIONS

DOES THE MEMBER HAVE THE ABILITY TO REPAY BASE ON NET INCOME?

YES NO

IS THE MEMBER CURRENTLY IN ARREARS?

YES NO

HAS MEMBER BEEN IN THE CREDIT UNION FOR MORE THAN 3 MONTHS?

YES NO

DOES THE MEMBER HAVE A MINIMUM BALANCE ON SHARES OF \$1,000.00?

YES NO

NEW LOAN DETAIL

AMOUNT OF LOAN \$ _____

TOTAL INTEREST \$ _____

PERIOD OF LOAN _____

MONTHLY INSTALLMENTS\$-----

TOTAL LOAN\$-----

SHARES \$-----

By Signing below I _____ do hereby agree to repay SFCCU CREDIT UNION CO-OPERATIVE SOCIETY THE

TOTAL LOAN AMOUNT OF \$ _____

MEMBER'S SIGNATURE: _____

DATE: _____

WITNESS BY: _____

DATE: _____

