



S.F.C.C.U. CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

16 Irving Street, San Fernando, Trinidad.
Tel.: (868) 657-5669, 652-7510, Fax: (868) 653-0305

*Established: June 19th 1948 Registered on June 28th 1948
Registration #54*

LOAN APPLICATION FORM

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LOAN APPLICATION NUMBER

ACCOUNT NUMBER

1. PERSONAL INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	SURNAME	FIRST NAME	OTHER NAME
ADDRESS LINE 1			HOME PHONE NUMBER	
LINE 2			HOW LONG	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	NUMBER OF DEPENDANTS	DATE OF BIRTH DD MTH. YR	IDENTIFICATION NUMBER	PASSPORT <input type="checkbox"/> DRIVER'S PERMIT <input type="checkbox"/> I.D. CARD <input type="checkbox"/>
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATION	HOME PHONE NUMBER
1.				
2.				

2. EMPLOYMENT INFORMATION

EMPLOYER'S NAME	Bus. TEL. No.
EMPLOYER'S ADDRESS LINE 1	OCCUPATION:
LINE 2	NO. OF YEARS
PREVIOUS EMPLOYER'S NAME	FULL TIME <input type="checkbox"/>
PREVIOUS EMPLOYER'S ADDRESS LINE 1	PART TIME <input type="checkbox"/>
LINE 2	TEMPORARY <input type="checkbox"/>
	SELF EMPLOYED <input type="checkbox"/>

3. CREDIT HISTORY

DATE JOINED CREDIT UNION	DD	MTH	YR	DATE PREVIOUS LOAN GRANTED	DD	MTH	YR	AMOUNT \$
REPAYMENT	VG <input type="checkbox"/>	G <input type="checkbox"/>	F <input type="checkbox"/>	P <input type="checkbox"/>	INSTALLMENT		DEPOSIT \$	
					LOAN \$		OTHER \$	
					SHARES \$			
MODE OF PAYMENT	PRD <input type="checkbox"/>	OC <input type="checkbox"/>	BO <input type="checkbox"/>	FREQUENCY		MONTHLY <input type="checkbox"/>		FORTNIGHTLY <input type="checkbox"/>
							WEEKLY <input type="checkbox"/>	
GENERAL COMMENTS:								

4. LOAN INFORMATION							
SHARE BALANCE \$ _____		EXISTING LOAN BALANCE \$ _____		AMOUNT REQUESTED \$ _____		TOTAL LOAN \$ _____	
SECURITY	SHARES <input type="checkbox"/>	BILL OF SALE <input type="checkbox"/>	I.O.C. <input type="checkbox"/>	OTHER <input type="checkbox"/>			
	CHARACTER <input type="checkbox"/>	FIXED DEPOSIT <input type="checkbox"/>	MORTGAGE <input type="checkbox"/>				
	INSURANCE <input type="checkbox"/>	U.T.C. <input type="checkbox"/>	CO-MAKER <input type="checkbox"/>				
DURATION OF LOAN	INSTALMENTS LOAN _____ OTHER _____ SHARES _____ TOTAL _____		MODES OF REPAYMENT	PRD: <input type="checkbox"/> OC <input type="checkbox"/> BO <input type="checkbox"/>	FREQUENCY MONTHLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> WEEKLY <input type="checkbox"/>		
PURPOSE OF LOAN							

5. FINANCIAL INFORMATION			
INCOME PER MONTH		ASSETS	
MEMBER'S INCOME		PROPERTY	
SPOUSE INCOME		VEHICLE	
OTHER INCOME		LAND	
TOTAL INCOME	\$ _____	BANK BALANCES	
EXPENDITURE		CREDIT UNION SHARES	
INCOME TAX		OTHER BALANCES (UNITS, FIXED DEPOSITS)	
NATIONAL INSURANCE		INSURANCES (CAR)	
HEALTH SURCHARGE		OTHER ASSETS	
RENT/MORTGAGE		TOTAL ASSETS	\$ _____
TRANSPORTATION (LICENCE ETC.)		LIABILITIES	
TELEPHONE		MORTGAGE	
PUBLIC UTILITIES		CREDIT UNION LOAN	
HIRE PURCHASE		OTHER LOANS	
CREDIT CARD PAYMENTS		CREDITORS	
CREDIT UNION LOAN (S.F.C.C.U.)		HIRE PURCHASE	
OTHER CREDIT UNION LOAN		CREDIT CARD BALANCE	
BANK LOAN		OTHER LIABILITIES	
CREDIT UNION SAVINGS		TOTAL LIABILITIES	\$ _____
OTHER SAVINGS		NET WORTH	\$ _____
MAINTENANCE		TOTAL LIABILITIES + NET WORTH	\$ _____
FOOD		CREDIT RATIO ANALYSIS	
MEDICAL CARE		DEBT SERVICE RATIO	
LEISURE ACTIVITIES		TOTAL VALUE OF SECURITY	
PERSONAL		INCOME SURPLUS/DEFICIT	
EDUCATION		NET WORTH	
HOME MAINTENANCE			
INSURANCES			
TAXES (LAND)			
TOTAL	\$ _____		
SURPLUS/DEFICIT EXPENSES			

1. I certify that all statements contained in this application form for my loan are true and complete, and were made for the purpose of obtaining this loan. The express representation that I am not being sued, that no judgement is outstanding against me, and that I am not indebted to any other lender except as shown in the said application and the Credit Union may obtain further information as it may require and for such purpose may make enquires of others.

2. Due to my current loan I will not obtain any loan elsewhere without first informing the Credit Union.

Applicant's Signature _____ Date _____ Witness _____ Date _____

6. SECURITY - OWNERSHIP VERIFICATION

DESCRIPTION (MAKE & MODEL)				MODEL YEAR	SERIAL NUMBER	NEW USED <input type="checkbox"/>
REGISTRATION NUMBER	INSURANCE COMPANY			INSURED VALUE \$		
TYRES	ENGINE	BODY		UPHOLSTERY		
REGISTRATION <input type="checkbox"/>	SEARCH	LIEN/CHATTEL		VERIFIED BY		SECURED LENDING VALUE
OWNERSHIP <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> MORTGAGER: _____				\$

7. INSURANCE/FIXED DEPOSIT/UNITS

COMPANY/BANK		ACCOUNT NUMBER	FACE VALUE \$
EXPIRY DATE DD MTH YR	STATEMENT/CERTIFICATE YES <input type="checkbox"/> NO <input type="checkbox"/>	C.S.V. \$	SECURED LENDING VALUE \$

8. PROPERTY - LAND & BUILDING

DESCRIPTION				
LOCATION				
				MORTGAGE YES <input type="checkbox"/> NO <input type="checkbox"/>
WATER RATES	LAND & BLDG. TAXES	COPY OF DEED	EST. MARKET VALUE \$	SECURED LENDING VALUE \$

9. Co - MAKER

NAME:		ACCOUNT No.:		
ADDRESS:		OCCUPATION		
PLACE OF EMPLOYMENT:	LENGTH OF SERVICE	SHARES PLEDGED \$		
NAME:		ACCOUNT No.:		
ADDRESS:		OCCUPATION		
PLACE OF EMPLOYMENT:	LENGTH OF SERVICE	SHARES PLEDGED \$		

10. RECOMMENDATIONS/APPROVAL

A. LOAN OFFICER RECOMMENDATIONS:

SUBJECT TO:

CREDIT ENQUIRY:

INTERVIEWED BY	DATE DD MTH YR	APPROVED <input type="checkbox"/>
		REFERRED TO SUPERVISOR <input type="checkbox"/>
		REFERRED TO MANAGER <input type="checkbox"/>

B. SUPERVISOR'S RECOMMENDATION

SUBJECT TO:

SIGNATURE	DATE DD MTH YR	APPROVED <input type="checkbox"/>
		REFERRED TO MANAGER <input type="checkbox"/>
		REFERRED TO CREDIT <input type="checkbox"/>

C. MANAGER'S RECOMMENDATIONS

SUBJECT TO:

SIGNATURE _____

DATE

DD

MTH

YR

APPROVED

REFERRED TO CREDIT

DEFERRED

D. CREDIT COMMITTEE

THIS LOAN VALUED (\$ _____) _____

WAS DECLINED/APPROVED/DEFERRED BY THE CREDIT COMMITTEE AT A MEETING HELD ON _____

SUBJECT TO: _____

CHAIRPERSON

SECRETARY

MEMBER

MEMBER

MEMBER

E. BOARD OF DIRECTORS AND SUPERVISORY COMMITTEE

COMMENTS

APPROVED

DECLINED

DEFERRED

SUBJECT TO

PRESIDENT

VICE PRESIDENT

TREASURER

SECRETARY

ASST. SECRETARY

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

SUPERVISORY COMMITTEE

CHAIRPERSON

SECRETARY

MEMBER

OFFICE USE ONLY

REPAYMENT

IN PLACE

TO BE DONE

AMOUNT

LOAN _____

SHARES _____

OTHER _____

DISTRIBUTION

(1)

(2)

(3)

(4)

TOTAL

AMOUNT

PAYMENT DATE

DD

MTH

YR

LOAN TYPES

LOAN NUMBER

PLEDGE CODE _____

REPAYMENT CODE _____

CO-MAKER ACCOUNT

PLEDGES

SECURITY TO BE

RELEASED

RENEWED

TYPE OF SECURITY

DATE ISSUED

INTEREST RATE

CHEQUE NUMBER

VOUCHER No.

MATURITY DATE

DD

MTH

YR