

Loan Application Form

To be completed in BLOCK CAPITALS and returned to:
19 Charles Street, Milford Haven, SA73 2AA
Authorised and regulated by the Financial Services Authority Reg No 213785



ABCUL
Credit
Unions
AN ABCUL MEMBER
CREDIT UNION

Or to one of our local collection points

Please note that if you wish us to consider a guarantor on the loan he/she should also complete an application form clearly marked "Guarantor Details"

Member Details

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Member Number	<input type="text"/>
Surname	<input type="text"/>									
Forename(s)	<input type="text"/>									
Home Address	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>								Postcode	<input type="text"/>
	All correspondence will be sent to this address unless you inform us otherwise.									
Time at current address.	<input type="text"/>	<i>If less than 3 years please provide details of other addresses in the past three years on a separate sheet.</i>								
Date of Birth	<input type="text"/>	Nat Ins No.	<input type="text"/>							
Home Tel:	<input type="text"/>	Work Tel:	<input type="text"/>							
No of Dependents Include ages	<input type="text"/>									

Employment Details

Employment Status	<input type="checkbox"/>	employed	<input type="checkbox"/>	Self employed	<input type="checkbox"/>	retired	<input type="checkbox"/>	unemployed
Employer	<input type="text"/>						Tel No:	<input type="text"/>
Occupation or Benefit Received	<input type="text"/>							
Employer's Address	<input type="text"/>							
	<input type="text"/>							
Time with current employer	<input type="text"/>							

Loan Details

Purpose of Loan	<input type="text"/>							
Amount of Loan £	<input type="text"/>	Repayment period	<input type="text"/>	months/weeks*				
Date Loan to commence	<input type="text"/>	Repayments	<input type="text"/>	Months/weeks* at £	<input type="text"/>			

Loan repayments made by: cash/cheque/payroll deduction/standing order/direct debit

**delete as applicable*

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 the purposes of credit referencing and debt recovery, for which purpose we hold a Category F consumer credit licence.

We may at times use your details to keep you informed of services available from the credit union. If you wish your details to be used for these marketing purposes, please tick this box

Income & Expenditure Details Please include all household income & expenditure

Income Item	£ per month	Expenditure Item	£ per month	£Outstanding Balance	£Value of Assets
Salary/wages Job 1		Rent/mortgage*			
Job 2		Council tax			
Partner's Salary/wages		Electricity			
Benefits Please Specify		Gas			
		Water			
		Telephone			
		TV/SKY Costs			
Pension Please Specify		Groceries			
		Catalogues			
Other income (please specify)		Credit cards			
		Hire purchase			
		Car Loan			
		Haven Credit Union			
		Other Loans			
		Travel			
		Clothing			
		Pension			
		Savings/investments			
		Home insurance			
		Car insurance			
		Life assurance			
TOTAL		TOTAL			

Partner's Declaration

If you have declared your partner's income details as part of your overall income for this loan, your partner will need to sign below confirming agreement of their information to be used in considering the loan and its repayment.

Signed	Print Name	Date

Formal Declaration

I declare that to the best of my knowledge I do not have any illness or life threatening condition which could affect my insurance cover.

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 appropriate action if I am found to have deliberately provided false or misleading information.

Signed Applicant

Signed	Print Name	Date

For Official Use only

Date received	Decision* approved/refused/referred
Comments	Date member informed
	Authorised by
	Print Name