LOAN APPLICATION

Please read application guidelines carefully before completing the form.

The Credit Union requires you to provide evidence of all your income and expenditure before your loan application can be assessed. Please tick relevant boxes confirming documentation you are providing with your application.

Last 2 months bank statements for both you and your partner/spouse or most recent post office statement and/or any documents which support your income
2 years certified accounts if self employed
Proof of private let payments if your residence is less than 6 months

You must provide this information when returning your loan form, either in person or by post. Incomplete applications will not be assessed and will subsequently be turned down.

The loan officer may require further documents when assessing your application.

If your loan application is successful, you will be asked to attend in person to sign the Promissory Note, which is your legal agreement with the Credit Union. Pollok Credit Union will deposit funds to your personal bank or to your prepaid cu card. You must provide photographic identification when collecting your loan.

If you need any further information, or if you require assistance in completing the loan form, please do not hesitate to contact us on the number below.

POLLOK CREDIT UNION TEL.: 0141 881 8731

LOAN APPLICATION FORM

NameCurrent address and postcode	Pre	ember numberevious address and post code (if less th					
How long at this address							
Accommodation status: Owner / Private rental / Council Housing Association / Living with parents (please circle)							
Marital status: Married / Single / Sepa	arated / Divorced / Livin	g with Partner / widower	(please circle)				
Number of dependants	. N . V	ate of Birthational Insurance NoIobile					
Employment / Benefit details:							
Employment status: Employed / Self employed / Retired / Unemployed / Sick leave Name of employer							
Other details needed							
Have you been bankrupt in the last 3 years? Are you currently in a Debt Management Scheme/Trust Deed/Bankrupt/None Yes/No (please circle) (please circle)							
Income & Expenditure details	T	T=	T				
Income Item	£ per month	Expenditure Item	£ per month				
Salary / Wages		Rent / Mortgage Secured Loans					
Partner's Salary Income Support		Council Tax					
JSA		Building Insurance					
Working Tax Credits		Contents Insurance					
Child Tax Credit		Life Insurance					
Child Benefit		Gas					
DLA		Electricity					
Carer Allowance		House Telephone					
Pension - State		Mobile Telephone					
Pension - Work		Groceries / Housekeeping					
Pension Credits		Travel / Car expenses					
Incapacity Benefit		TV License					
Employment Support Allowance		TV satellite / Broadband					
Non dependant Income		Childcare / School Costs					
Child Maintenance		Clothing / Footwear					
Housing Benefit		Social / Other (Social events)					
Universal Credit		Credit Union / Other Credit Union					
Any other income		Credit Cards / Store Cards					
		Hire Purchase / Bright House Loans / Doorstep Loan					
		•					
		I Catalogue					
		Catalogue Car Loan					
Total Income (A)	£	Catalogue Car Loan Total Expenditure (B)	£				

Other	Details:						
Alterna	ative Contact Person						
Teleph	none Number						
Are the	Are they a member of Pollok Credit Union Yes/No (please circle)						
Loan	Details:						
Purpos	se of the loan						
Amour	nt requested £						
Loan r	repayment frequency - Weekly / Fo	ortnightly / Monthly	(please circle)				
Loan r	Loan repayment method – Benefit Direct / Salary / Standing Order / Direct Debit (please circle)						
		ne details as part of your overall income in applying ement for their information to be used in considering					
savinç treatm limitat	gs deposits if death results fron nent was received 6 months <u>pri</u> tion lasts for a period of 6 montl	rers will not pay out on members' outstanding a pre-existing illness or injury for which not not to the date of each new loan, share or saving hs. knowledge and belief I am in good health and unde	nedical advice, consultation or ngs deposit. This pre-condition				
	BORROWER SIGNATURE:						
<u>OR</u> 2.	I'M NOT IN GOOD HEALTH						
	My medical condition is:						
	My treatment is:						
	My doctor's name is:						
	Practice Address:						
	BORROWER SIGNATURE:						
Forn	nal Declaration						
and a contai applic with th to oth inform may c	accurate. I also authorise you to ned in this application and for the ation relates will be constituted the consumer credit act 1974; and er credit unions and their emplication to the CUNA Mutual ground arry out a credit reference search	Union personal loan and declare that the information make any enquiries you feel necessary for the purpose of credit assessment. Any agreement as a credit agreement being signed by me and did that you may disclose information about me for loyees and agents for debt recovery purposes. Up for credit union insurance purposes. In some the with a licensed credit reference agency.	confirmation of the information to provide the loan to which this d the credit union in accordance r the purposes of this application I also authorise the release of circumstances the credit union				
Applic	Applicant's signature Date Date						