

# ADVENTIST CREDIT UNION LTD

## Application for Loan



PLEASE PRINT IN BLOCK CAPITALS EXCEPT FOR NORMAL SIGNATURES

**This section is for official use only**

Account No.	Mr/Mrs/Miss/Ms	Last Name	<b>LOAN NUMBER</b>		
Present Share Balance	£	First Names	Officer's Name		
			Officer's comments		
Present Loan Balance	£	Date of application			
I hereby apply for a loan of	£	Date loan required			Payment
For a period of	months	I am able to pay the principle in equal instalments of	Location		
Plus interest of 1% per month on the outstanding balance	£				
		First payment due on			Date

National Insurance Number                       

**Loan Details**

I require this loan for the following provident and productive purposes (please explain your need fully)

Purpose of loan.....

Amount Requested £..... Suggested repayment period.....months (if unsure leave blank)

**This loan is secured Yes/No** and I offer as security

Guarantor ACU Account No.....

Property Address.....

.....

**This loan is unsecured (under £1,000) Yes/No**

**Citizen Status** (please tick the appropriate box below)

I am a British Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have resident status in the United Kingdom	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**I am not indebted to any other credit union, bank, loan agency or other creditor either as a borrower or a guarantor, except as stated on the reverse side of this application form. The statements herein are made for the purpose of obtaining the loan and are true to the best of my knowledge and belief.**

Applicant's signature..... Address.....

Date of Birth ...../...../.....

Tel No.....Mobile.....

---

**Data Protection Statement:**

In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purpose 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 debt recovery.

Full details of the credit union's use of members' personal information can be found in the ACU Policy Document available at: [www.adventistcreditunion.co.uk](http://www.adventistcreditunion.co.uk)

We may at times use your details to keep you informed of services available from the credit union.

If you do not wish your details to be used for this purpose, please tick box.



# ADVENTIST CREDIT UNION LTD

## Applicant's Statement (IN BLOCK CAPITALS)

Are you over 18?

Yes	
No	

Married

Single	

Number of Dependants

--	--

Weekly  
Monthly  
payments

How long have you lived at your present address?

		Are you a tenant?	
Yrs	Mths	Are you a lodger?	
		Living with parents?	
		Buying your house?	
		Home owner?	


### Employment/Benefit Details

Employment Status I am currently in employment Yes ( ) No ( )	*Delete all that does not apply
Occupation*(or type of benefit received).....JSA / IB/ Pension /Other.....	
Name of Employer:	Address:
Work phone number:	Can be contacted here? Yes ( ) No ( )
Position held is	Full time ( ) Part Time ( ) Contract ( )
Time with current employer ..... yrs .....mths      Weekly/ Monthly take home pay £.....	
If less than one year, please provide details of previous employment on a separate sheet	

### Partner's Declaration:

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

Partner's name.....

Partner's signature.....Date.....

### Member's Formal Declaration

I declare that I am/am not \* in good health and that I do/do not require regular medical treatment.  
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 a fraud and that the credit union may take appropriate action if I am found to have deliberately provided false or misleading information.

If you are not in good health, please provide requested information (for insurance purposes)

Condition.....

Does your condition require regular medical treatment Yes ( ) No ( )

Doctor Surgery .....

Applicant's Name ..... Signature.....

# ADVENTIST CREDIT UNION LTD

Applicant's Statement (IN BLOCK CAPITALS)

**OFFICIAL USE ONLY**

Date received..... Decision \*approved /refused / referred

Authorised signatory.....

Comments & reasons.....

Date member informed...../...../.....

**FOR CREDIT COMMITTEE OR LOAN OFFICER USE (write all information in BLOCK CAPITALS)**

On.....day of .....20..... the loan application was declined / approved with the following conditions

All credit committee members shown as present in the minutes at which this application was considered and approved must sign below.

**Approved by Loan Application Officers' Names:**

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date