

Enniscorthy Credit Union Limited. Loan Application

Name:		Credit Union Account No: _____			
Date of birth:		Home Phone:		Mobile:	
Current address:					
Residential Status		Do you Own your house Yes <input type="checkbox"/> No <input type="checkbox"/>		Mortgage ?	
		If Yes, How long? _____		Yes <input type="checkbox"/>	
				NO <input type="checkbox"/>	
Monthly payment? € _____			Mortgage Balance		€ _____
Rent <input type="checkbox"/>	How long? _____			Monthly payment?	€ _____
Previous address:					
Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other <input type="checkbox"/> Specify:					
Marital Status		Married <input type="checkbox"/>		Single <input type="checkbox"/>	
				Widowed <input type="checkbox"/>	
				Other <input type="checkbox"/>	
Spouse's Name			Spouse's Credit Union No		
LOAN DETAILS					
Loan Type Required		Standard Loan <input type="checkbox"/> 12%	Car Loan <input type="checkbox"/> 6.9%	Secured Loan <input type="checkbox"/> 4.83%	Educational Loan <input type="checkbox"/> 6%
				Other <input type="checkbox"/>	
Amount Required? € _____		Repayment Period (Years) _____		Purpose of Loan _____	
Disposable income available to service loan? € _____ Weekly/Fortnightly/Monthly					
Note: If this application is for a Top Up or Refinance Loan please take the outstanding loan and interest balance into consideration.					
EMPLOYMENT INFORMATION					
Employed		<input type="checkbox"/>		Self Employed	
				<input type="checkbox"/>	
Occupation?				Type of Business	
Name of employer:				Name of Business	
How long with Employer				Owner / Partnership	
Address of employer:				How long with company	
Income? € _____ Weekly/Fortnightly/Monthly			Income? € _____ Weekly/Fortnightly/Monthly		
Unemployed <input type="checkbox"/>		Weekly Income € _____		Retired <input type="checkbox"/>	
				Weekly Income € _____	

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SPOUSE'S EMPLOYMENT INFORMATION

Employed	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>
Occupation?		Type of Business	
Name of employer:		Name of Business	
How long with Employer		Owner / Partnership	
Address of employer:		How long with company	
Income? € _____ Weekly/Fortnightly/Monthly		Income? € _____ Weekly/Fortnightly/Monthly	
Unemployed <input type="checkbox"/>	Weekly Income € _____	Retired <input type="checkbox"/>	Weekly Income € _____

Note: Documented proof of Income may be requested

APPLICATION/SPOUSE'S INFORMATION CONTINUED

CREDIT CARDS

Name	Current balance	Monthly payment
	€ _____	€ _____
	€ _____	€ _____

AUTO LOANS

Name of Creditor	Balance	Monthly payment
	€ _____	€ _____
	€ _____	€ _____

OTHER LOANS, DEBTS, OR OBLIGATIONS

Name of Creditor	Current Balance	Repayment Amount
	€ _____	€ _____ Weekly/Fortnightly/Monthly
	€ _____	€ _____ Weekly/Fortnightly/Monthly

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value
	€ _____
	€ _____

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CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:			
Date of birth:	Home Phone:	Mobile:	
Current address:			

CO-APPLICANT EMPLOYMENT INFORMATION

Employed	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>
Occupation?		Type of Business	
Name of employer:		Name of Business	
How long with Employer		Owner / Partnership	
Address of employer:		How long with company	
Income? € _____ Weekly/Fortnightly/Monthly		Income? € _____ Weekly/Fortnightly/Monthly	
Unemployed <input type="checkbox"/>	Weekly Income € _____	Retired <input type="checkbox"/>	Weekly Income € _____

Note: Documented proof of Income may be requested.

DATA PROTECTION ACT 1988: I/we consent to the information contained in this application form being released to the Irish League of Credit unions and BICL & BLACL for the purpose Repayment Protection Insurance,

DECLARATIONS: I/we authorise the credit union to make whatever enquiries are deemed necessary to process this application.

I/we am/are not in debt to any other Credit Union or Loan agency either as a borrower or a guarantor except as stated above. The statements herein are made for the purpose of obtaining the loan and are true to the best of my knowledge and belief.

I confirm that I am fit to follow my normal occupation or duties Yes No

Applicants Signature: _____ **Date** _____

I confirm that I am fit to follow my normal occupation or duties Yes No

Co-Applicants Signature: _____ **Date** _____

WARNING: If you do not meet the repayments on your loan, your account will go into arrears. This may affect your credit rating.

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Consent to use and disclosure/Data Protection Acts, 1988 and 2003 and Section 71 of the Credit Union Act, 1997

I/we understand that under the Data Protection Acts, 1988 and 2003 (the "DPA"), my consent may be required for the Credit Union to process personal data that it may have in its possession concerning me (including disclosure to third parties). I/we note that this personal data may include sensitive personal data, such as data about my/our health, within the meaning of the DPA, the processing of which requires my/our explicit consent.

I/we also understand that under Section 71 of the Credit Union Act, 1997, the Credit Union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without my/our consent, any information that concerns an account or transaction of mine/ours with the Credit Union.

For the purpose of assessing my application for membership, assessing any loan applications which I/we may make to you and generally for administering and monitoring any accounts I/we have with the Credit Union, including any loan accounts I/we have from time to time with you:

1. I/we consent:

(i) to you seeking information concerning applications for loans and my/our credit history from the date of my original consent from any credit union and for that purpose you may disclose any relevant information in any loan application which I/we may make to you or which you may have concerning me to any such credit union;

(ii) to any credit union disclosing information to you concerning applications for loans and my/our credit history from the date of my original consent with any such credit union;

(iii) to you disclosing any information in any application (including loan applications) or in respect of any account or transaction of mine/ours with the Credit Union from the date of my/our original consent to officers or employees of the Irish League of Credit Unions for the purpose of fulfilling our requirements and under the Savings Protection Scheme if such a scheme is operated on behalf of the Credit Union by the Irish League of Credit Unions; and

(iv) to the processing of any information relating to me/us, either contained in this form or any other form or application, for the purpose of assessing applications and administering any accounts I/we maintain with the Credit Union.

The information which is held on the ICB database relates to credit agreements between these ICB members and their customers/members. A condition of such agreements is that the customer/member agrees that the financial institution/credit union may use the data supplied for the purpose of credit checking. Consequently, where an individual enters a credit agreement with an ICB member, details of the individual's performance in complying with the terms of the agreement are input to the ICB "credit file" database, which may be accessed by all member institutions of ICB. Each time a person applies for credit from an ICB member, that institution accesses the ICB's "credit file" to ascertain the applicant's performance under any previous credit agreements with ICB members.

Consent to use and disclosure/Data Protection Acts, 1988 and 2003 and Section 71 of the Credit Union Act, 1997 (continued)

2. In addition to paragraph 1 above, I/we further consent to and authorise the Credit Union to process and retain data provided by me/us in respect of this application, to seek and provide credit references (searches), to record details of any transaction relating to a loan or other credit which may result from this application with the Irish Credit Bureau (ICB) for a period of 5 years from the date of closure of the loan and ICB to record, retain and disclose to its members details of such searches for a period of one year.

3. I/we acknowledge that the Credit Union and/or the ICB are permitted to disclose any material misstatement of fact contained in the application for financial accommodation to its members and relevant bodies. I/we consent to any such application being processed, recorded and retained by ICB. Please note that you have the right to access personal data held about you by the Credit Union and to correct any inaccuracies in such data.

Applicant's Signature: _____	Date _____	Print Name _____
Applicant's Signature: _____	Date _____	Print Name _____
Witnessed by: _____	Date _____	Print Name _____

Repayment Protection Insurance (RPI)

Initial unprotected repayment	Initial protected repayment
€ _____	€ _____
I understand that this repayment is unprotected	The benefits of repayment protection have been explained to me. I wish to protect my payments
Signature _____	Signature _____

Loan	€	<u>Breadwinner Protection</u> If you are not in full time employment you may want to protect your repayments, if your spouse or partner is unable to work provided they are living with member. Spouse's / Partner's Name _____ Date of Birth _____
Repayment Protection	€	
Cancellation Amount	€	
Promissory Note	€	
Promissory Note Number:		

For Office use Only

<u>Decision by:</u>		Loans Officer <input type="checkbox"/>	Credit Committee <input type="checkbox"/>	Board/Special <input type="checkbox"/>
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Deferred <input type="checkbox"/>		
Amount Approved € _____	RPI Premium € _____	Date Approved ____/____/____		
<u>Signed:</u>				
<u>Conditions/Remarks</u>				