

PERSONAL DETAILS

| | | | |
|---|----------|---------------------------------|-------------------------------|
| NAME IN FULL | | ACCOUNT NO | |
| HOME ADDRESS | | NO. OF YEARS AT CURRENT ADDRESS | |
| PREVIOUS ADDRESS: <i>(required if current address is less than 1 year)</i> | | | |
| TEL NO. | CELL NO. | DATE OF BIRTH (mm/dd/yy) | NATIONAL REGISTRATION NUMBER: |
| MARTIAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER | | NAME OF SPOUSE | |
| EMAIL ADDRESS | | NO. OF DEPENDENTS | AGES OF DEPENDENTS |

| | | | |
|---|------------------|----------------|--|
| CURRENT EMPLOYER | ADDRESS | | |
| OCCUPATION | DEPARTMENT | TELEPHONE NO. | |
| EMPLOYMENT STATUS <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CASUAL | LAST WORKING DAY | YEARS EMPLOYED | |
| PREVIOUS EMPLOYER <i>(required if current employment is less than 1 year)</i> | | | |

NAME AND ADDRESS OF NEXT OF KIN & ONE (1) REFERENCE NOT LIVING WITH YOU

| | | | |
|------------------------------|---------------------|---|---------------------|
| NAME OF NEXT OF KIN _____ | | NAME OF REFERENCE - NOT LIVING WITH YOU _____ | |
| ADDRESS OF NEXT OF KIN _____ | | ADDRESS _____ | |
| RELATIONSHIP _____ | TELEPHONE NO. _____ | RELATIONSHIP _____ | TELEPHONE NO. _____ |

LOAN AMOUNT REQUESTED: *(Words & Figures)*

DETAILS OF INCOME AND EXPENDITURE TO SUPPORT LOAN APPLICATION

| | |
|---|----|
| INCOME: <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY | \$ |
| ALLOWANCES: | \$ |
| OTHER INCOME: (Give details) | \$ |
| TOTAL INCOME | \$ |
| MONTHLY EXPENSES | |
| P.A.Y.E./INCOME TAX & NIS | \$ |
| LIFE AND/OR MEDICAL INSURANCE | \$ |
| RENT AND/OR MORTGAGE | \$ |
| FOOD | \$ |
| UTILITIES (e.g. Telephone, Electricity, Water, Paid Television) | \$ |
| VEHICLE EXPENSE OR BUS FARE | \$ |
| BANK PAYMENT | \$ |
| CREDIT CARD(S) PAYMENT - 5% OF LIMIT | \$ |
| HIRE PURCHASE - PAYMENT REQUIRED | \$ |
| TOTAL EXPENSES | \$ |
| SURPLUS | \$ |

**DO
NOT
WRITE
IN
THIS
SPACE.**

The Credit Union may verify any information provided to it by me/us from whatever sources it deems necessary. The Credit Union is hereby authorized to obtain any information it requires relative to my/our credit history or application for credit and any such source is hereby authorized to provide any such requested information.

The Credit Union is further authorized to disclose to any Credit Bureau, reporting agency, business, financial institution or person with whom I have entered into or propose to enter into a business or financial relationship with, personal information or such information regarding my/our credit or financial history, or information as is deemed appropriate, lawful and necessary in the sole discretion of the Credit Union or as expressly provided by law. I/we jointly and severally agree to indemnify the Credit Union and save the Credit Union from any and all claims in damages or otherwise arising from any disclosure as herein authorized.

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

| | |
|---|---------------------------------------|
| EXTERNAL CREDIT CODE: | CURRENT MONTHLY SAVINGS: \$ |
| WAIVER: \$ | TOTAL UNSECURED AMOUNT: \$ |
| | |
| | |
| RECOMMENDED: YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| F.S.R./SENIOR F.S.R COMMENTS: | |
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| | |
| PRINT NAME: | SIGNATURE: DATE: |
| BRANCH OPERATIONS SUPERVISOR / BRANCH OPERATIONS OFFICER / MEMBER RELATIONS MANAGER - LOANS COMMENTS: | |
| | |
| | |
| | |
| | |
| PRINT NAME: | SIGNATURE: DATE: |
| IN-HOUSE COMMITTEE / CREDIT COMMITTEE'S COMMENTS: | |
| | |
| | |
| | |
| | |
| PRINT NAME: | SIGNATURE: DATE: |



Barbados Public Workers' Co-operative Credit Union Limited

BACK TO SCHOOL APPLICATION FORM



Maximum Limit: \$5,000.00
Interest Rate: 13.5% per annum
Share requirement: Unencumbered savings of:

- \$250.00 for limit up to \$2,500.00
- \$500.00 for limit \$2,501.00 up to \$5,000.00

CLOSING DATE FOR APPLICATIONS: SEPTEMBER 15, 2018

LAST DATE TO COLLECT FUNDS: SEPTEMBER 30, 2018

Applications must be accompanied by a certification letter of employment from employer detailing income and deductions **OR** most recent salary slip.

First-time applicants must provide both of the above

Proof of Address

Self-employed applications must submit:

- (1) Bankers' Report **OR** copies of Financial Statements for the **last three (3) years**
- (2) Cash Flow and Profit & Loss projections for the **next three (3) years**
- (3) The foregoing reports **must be** authenticated by an Accountant (ICAB) or a similarly qualified professional

This is where you belong!