

## 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

<b>INCOME:</b> <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	\$
<b>ALLOWANCES:</b>	\$
<b>OTHER INCOME:</b> (Give details)	\$
<b>TOTAL INCOME</b>	\$
<b>MONTHLY EXPENSES</b>	
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 - <b>5% OF LIMIT</b>	\$
HIRE PURCHASE - <b>PAYMENT REQUIRED</b>	\$
<b>TOTAL EXPENSES</b>	\$
<b>SURPLUS</b>	\$

**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:		
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!*