

PERSONAL DETAILS

NAME IN FULL		NATIONAL INSURANCE NO		ACCOUNT NO	
HOME ADDRESS		RENT: Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ LIVING WITH OTHERS: Yes <input type="checkbox"/> No <input type="checkbox"/>		NO. OF YEARS AT CURRENT ADDRESS	
		CONTRIBUTION: \$ _____			
		OWN: <input type="checkbox"/> APPROXIMATE VALUE OF PROPERTY: \$ _____			
PREVIOUS ADDRESS: <i>(required if current address is less than 1 year)</i>					
TEL NO.	CELL NO.	PREFERRED CONTACT NO. TIME	DATE OF BIRTH (mm/dd/yy)	NATIONAL REGISTRATION NUMBER	
				DATE OF ISSUE:	
<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. & EXT.
EMPLOYMENT STATUS			LAST WORKING DAY _____ RETURNING _____		YEARS EMPLOYED
<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CASUAL <input type="checkbox"/> CONTRACTUAL			IF ON LEAVE PLEASE PROVIDE REASON: VACATION <input type="checkbox"/> SUSPENSION <input type="checkbox"/> SICK LEAVE <input type="checkbox"/>		
			MATERNITY/PATERNITY LEAVE <input type="checkbox"/> OTHER <input type="checkbox"/> _____		
PREVIOUS EMPLOYER <i>(required if current employment is less than 1 year)</i>					
IF SELF EMPLOYED STATE, NATURE OF BUSINESS				DATE ESTABLISHED	
BUSINESS NAME			BUSINESS ADDRESS		
BANKERS		TYPE OF ACCOUNT		BALANCE	
NAME AND ADDRESS OF NEXT OF KIN & ONE (1) REFERENCE NOT LIVING WITH YOU					
NAME (NEXT OF KIN) _____			NAME (REFERENCE) _____		
ADDRESS _____			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"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> WEEKLY		\$
ALLOWANCES:		\$
OTHER INCOME (Give details):		\$
MONTHLY EXPENSES:		TOTAL INCOME \$
	PAYE/INCOME TAX	\$
	NIS	\$
	LIFE and/or MEDICAL INSURANCE	\$
	WORKERS' UNION	\$
	RENT/ MORTGAGE/ OTHER LIVING ARRANGEMENTS	\$
	FOOD	\$
	TELEPHONE (Land and/or Cellular)	\$
	ELECTRICITY	\$
	WATER	\$
	GAS (Bottle/Natural)	\$
	BUS FARE	\$
	VEHICLE EXPENSE: (Gas & Insurance)	\$
	BANK PAYMENT: (Give details)	\$
	BANK PAYMENT: (Give details)	\$
	CREDIT CARD PAYMENT- 5% OF LIMIT: (Give details)	\$
	CREDIT CARD PAYMENT- 5% OF LIMIT: (Give details)	\$
	HIRE PURCHASE - PAYMENT REQUIRED:	\$
	HIRE PURCHASE - PAYMENT REQUIRED:	\$
	PAID TELEVISION e.g. MCTV	\$
	OTHER DEDUCTION: (Give details)	\$
TOTAL EXPENSES		
SURPLUS		

↑
DO
NOT
WRITE
IN
THIS
SPACE
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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. Additionally the information provided on this application may be used by the Credit Union to update my personal records from time to time.

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 OF APPLICANT: _____

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 17, 2021

LAST DATE TO COLLECT FUNDS: SEPTEMBER 30, 2021

This is where you belong!

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:

INFORMATION REQUIRED BEFORE APPROVAL

Applications must be accompanied by

- A certification letter of employment from employer detailing income and deductions **AND TWO (2)** most recent salary slips for 2 months, no more than three (3) months old.
- Two (2) forms of **VALID** Government issued photo ID.
- Proof of Address (e.g. utility bill, bank statement) no more than three months old.

Self-employed applicants 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.