

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	\$ _____	↑ DO NOT WRITE IN THIS SPACE ↓
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		

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 19, 2020

LAST DATE TO COLLECT FUNDS: SEPTEMBER 30, 2020

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 **OR** most recent salary slip.
(First-time applicants must provide both of the above)
- Proof of Address

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