BARBADOS PUBLIC WORKERS'
CO-OPERATIVE CREDIT UNION LIMITED

ACCOUNT NO.:

GENERAL PRINCIPAL RELOAD APPLICATION FORM

PERSONAL INFORMATION (PLEASE PRINT IN BLOCK LETTERS)
(Valid unexpired photo I.D. required, include expiry date where appropriate)

NAME:		
ADDRESS: STREET/AVENUE:		
STREET/AVENUE:		
E-MAIL:	NO. OF DEPENDENTS:	
TELEPHONE NOS: HOME: WORK: EXT: MOBILE:		
NATIONAL REGISTRATION NO.: *(or equivalent)*	Issue Date: *(M/D/Y)*	NIS NO.:
DRIVERS' LICENSE NO.:	Issue Date: *(M/D/Y)*	Expires:
PASSPORT NO.:	Issue Date: *(M/D/Y)*	Expires:
EMPLOYER:	OCCUPATION:	
EMPLOYERS' ADDRESS: STREET/AVENUE:		
PARISH/STATE:	ZIP/POSTAL CODE:	YEARS EMPLOYED:
EMPLOYERS' TELEPHONE NO.:	EXT:	

REFERENCE INFORMATION (PLEASE PRINT IN BLOCK LETTERS)

REFERENCE (1) NAME:	RELATIONSHIP:
REFERENCE (1) ADDRESS STREET/AVENUE:	
PARISH/STATE: ZIP/POSTAL CODE:	
TELEPHONE NOS: HOME: WORK: EXT: MOBILE:	
REFERENCE (2) NAME:	RELATIONSHIP:
REFERENCE (2) ADDRESS: STREET/AVENUE:	
PARISH/STATE: ZIP/POSTAL CODE:	
TELEPHONE NOS: HOME: WORK: EXT: MOBILE:	

N.B: PROOF OF ADDRESS IS REQUIRED WITH EACH APPLICATION: e.g. utility bill, bank statement, hire purchase statements, Cave Shepherd statement, and bill for land/internet connection from Flow or Digicel (not Cellular bill) all not older than 3 months. (Please note that **all** bills/statements should be in the name of the applicant).

I .... hereby accept the

Principal Reload Offer in the sum of $...

....
(Amount in Words)

SIGNATURE: .... DATE: (*M/D/Y*) ....

LOAN TYPE AND LOAN #:	
LAST LOAN DATE: (*M/D/Y*)	
ORIGINAL LOAN BALANCE:	
CURRENT LOAN BALANCE	
PRINCIPAL REPAID FROM ORGINAL LOAN DATE:	
PURPOSE OF REQUEST:	
TYPE OF SECURITY HELD AND AMOUNT:	
CURRENT UNSECURED POSITION:	
UNSECURED POSITION AFTER RELOAD:	
NEW LOAN BALANCE AFTER RELOAD:	

ANY COMMENTS:

AMOUNT RECOMMENDED: $...

CREDIT UNDERWRITER: .... DATE: (*M/D/Y*)..
                 (PRINT NAME)   **(SIGNATURE)**

☐ **APPROVED** ☐ **RECOMMENDED** ☐ **NOT RECOMMENDED BY IN-HOUSE LOANS COMMITTEE**
☐ **SENT FOR RATIFICATION TO THE EXTRA-ORDINARY CREDIT COMMITTEE**

	PRINT NAME	**SIGNATURE**	**DATE** (*M/D/Y*)
Group Chief Executive Officer	....	....	....
Chief Operations Officer	....	....	....
Group Financial Controller	....	....	....
Member Relations Manager – Loans	....	....	....
Branch Operations Officer	....	....	....
Branch Operations Supervisor	....	....	....
Senior Operations Supervisor	....	....	....
SFSR – Credit Underwriting/	....	....	....

Cheque No(s):			
	PRINT NAME	**DATE**(*M/D/Y*)	**SIGNATURE**
Cheque(s) signed by			
Cheque(s) signed by			