



Bridgend Lifesavers Credit Union Ltd

LIFE LONG LEARNING CENTRE, MERFIELD CLOSE, SARN BRIDGEND, CF32 9SW
TELEPHONE: 01656 729912 EMAIL: shan@blscu.co.uk

Loan Application Form

Confirm with the office/loan officer the requirement to produce:- **Proof of all your income**:- your last 3 pay slips, Benefit Letters, Savings Accounts, **Proof of expenditure**: your last 3 Bank Statements – all banks plus partners (if applicable) **Rent Book/Mortgage Statement / Utility Bill**(within the last 3 months) **Statement / Repayment Book for other debts/loans (if applicable)**

Please print on this form in BLOCK CAPITALS Collection Point.....

I authorize the following person to complete this form on my behalf:.....

(Mr/Mrs/Miss/Ms) Surname:..... Date of Birth..... Membership No:.....

First name (s)..... National Insurance No:.....

Address:.....

..... Postcode:.....

Telephone No:..... How long have you lived here?.....

Previous address.....

Can we contact you at this number to discuss this loan Application ? **Yes No (Please circle)**

Number of children under 16 Over 16 and dependant Other dependants.....

(Please circle) Is your home: Owned Rented Are you living with: family Other
If other please specify Rented from:.....

Please circle to show your present status: Employed Unemployed Self Employed Retired Homemaker

If Employed, please state: Your occupation:..... Name of employer:.....

Employers address:.....

Works's Tel No:..... Can we contact you at this number? **Yes No (Please circle)**

How long with this employer?..... If less than a year, how long with previous employer?.....

Dates of Employment?.....

Loan Details

Reason(s) for Loan..... Date loan required: (not A.S.A.P).....

Loan requested £..... Present loan balance (if any) £..... New (topped-up) Loan £.....

Loan repayment £..... paid weekly monthly **(circle)** or Loan repaid over:..... Wks mths **(circle)**

Repayment by Standing Order or Payroll: (a) Loan repayment£..... (b) amount in Shares
(Do you need to change the amount of your standing /payroll order? If so complete a new Standing/Payroll Order or contact your bank)

State the name to whom the cheques should be made payable to.....

And the name of the Post Office where it is to be cashed..... **(Only certain PO'S do this)**

But if you wish to pay the cheque into your Bank account please state here.....

Signed:..... **Date:**.....

Witnessed by:..... **Position:**.....

YOUR FINANCIAL STATEMENT

Present share balance
£.....

Regular savings
£.....

Present loan balance (if any)
£.....

Income and Expenditure details

<u>Expenditure</u>	<u>Weekly / Monthly</u>	<u>Expenditure</u>	<u>Weekly/Monthly</u>
Mortgage/Rent	£.....	Travel exp/Petrol	£.....
Home ins	£.....	Pension	£.....
Council Tax	£.....	Child Care	£.....
Health Ins.	£.....	Credit Cards	£.....
Electricity	£.....	Entertainment	£.....
Gas	£.....	Car Tax	£.....
Water Rates	£.....	Catalogues	£.....
Telephone	£.....	Car Insurance	£.....
Mobile	£.....	Court Orders	£.....
TV Licence	£.....	Hire Purchase	£.....
Internet	£.....	Other Loans	£.....
Satellite/Cable	£.....		
Food	£.....	<u>Total Expenditure</u>	£.....

Please ensure you complete this form in full	
<u>INCOME</u>	<u>Weekly/Monthly</u>
Take home pay	£.....
Benefits	£.....
(Please specify)	
1.	£.....
2.	£.....
3.	£.....
Pensions	£.....
1.	£.....
2.	£.....
Other Income	£.....
<u>TOTAL NET INCOME</u>	£.....
Total Income	£.....
Minus Expenditure	£.....
<u>Disposable Income</u>	£.....

Do you or anyone in your household have any CCJ's Charging Orders or Default Notices registered against you?

If Yes please give details:.....
.....
.....

Are you an undischarged bankrupt?.....

PARTNERS DECLARATION If you have declared your partners income details as part of your overall income in applying for this loan, your partner will need to sign below confirming agreement for their information to be used in considering the loan and its repayments.

Partners Name:..... Partners Signature:

In accordance with the Data Protection Act 1998 BLSCU Ltd: a) reserves the right to make any formal checks on the information provided by the loan applicant, which may include a credit reference check. b.) Make reference to any other loan applications made by themselves, or partner/family member residing at the same address. c.) In the event of non payment of loan, BLSCU Ltd, reserves the right to pass all information regarding delinquent loans to a debt recovery agency for collection. I also authorise the release of information to the Credit Union Insurance Company Group for the Credit Union Insurance purposes (insurance on your savings and loans). I also authorise my employer to release information regarding my current and previous address to BLSCU Ltd. In making this application I declare that the information I have supplied is true and accurate to the best of my knowledge. I also give my consent to BLSCU Ltd to carry out the actions described above, as necessary, in respect of this loan application.

APPLICANT SIGNATUREDATE.....

I declare that to the best of my knowledge and belief I am in good health and under no medical advice or treatment.

APPLICANTS SIGNATURE.....DATE.....

OR – I am not in good health and my medical condition is.....
My treatment is.....APPLICANTS SIGNATURE.....

OFFICE USE ONLY

Loan Approved (Signature).....Name:.....Office.....
Date of Approval..... Loan Amount £..... Loan Issue