

## PWD CO-OPERATIVE CREDIT UNION LIMITED LOAN APPLICATION FORM

Name		•••••	•••••	Date	•••••	20	
Home Address			•••••	Account No			
		•••••				••••••	
Telephone No	(w)	(h)				(mobile)	
Email Address				. TRN#:			
Date of Birth		_		_			
Names, Address & Telephone No.	. of nearest Relative (e	xclusive of spouse)					
		•••••					
INCOME INFORMATION							
Employed by	•••••		Add	lress			
Phone		Position How long					
*Monthly/Weekly Salary		Other Incon	ne				
If Spouse Employed, state							
Employed by			Add	lress		••••••	
Phone		8	•••••••				
*Monthly/Weekly Salary	·····		······································		1	T	
TYPE OF LOAN	LOAN AMOUNT REQUIRED	CURRENT LOAN BALANCE	TOTAL LOAN	DATE OF LAST LOAN	LOAN TERM (months)	LOAN ACCOUNT NUMBER	
Regular	REQUIRED	BILLINICE					
Motor Vehicle							
Motor Vehicle Insurance							
Emergency							
Pay Day							
Quick Access							
Education							
Computer Loan							
Consolidation							
Taking Care of Business (TCB)							
TOTAL							
I offer as Security:- Shares		Deposits \$		Other \$			
		•••••		••••••	•••••••••••••••••••••••••••••••••••••••	••••••	
If Motor Car, give complete descr complete the Co-maker's Stateme			ty, state Volume and Fo	lio No and Description.	If Co-maker(s), give 1	name(s) and have them	
SECURITIES  Landing of Property			V-14:	D			
Location of Property	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••		By			
Amount of Mortgage				ent			
Mortgage Holder		••••••	Insurance Poli	rance Policy			
Model and Make of Car			Value of Car By whom				
If on Hire Purchase list below							
CREDIT OBI	LIGATIONS INCLUD	ING HIRE PURCH	IASE (list all debts using	g and attaching an addit	ional sheet if necessar	ry).	
Name of Creditor		Address			Monthly Payments Balance Owing		
I hereby agree to comply with all							
any other Credit Union, Bank o obtaining the loan and are true to			Co-maker other than	stated above. The state	ements herein are ma	nde for the purpose of	
	•	-			Signature of Ann	licant	

Cheque for \$ Received Signature	Date
CO-MAKER <sup>3</sup>	'S STATEMENT
Name of Co-maker	
Home Address	Telephone
Employed byAddress	
	onthly Salary \$ How long there
	e
	If employed, monthly salary
	Location
If mortgaged, give amount \$ H	lolder
	Signature of Co-maker
CO-MAKER*	S STATEMENT
Name of Co-maker	
Home Address	Telephone
Employed by Address	
Position Weekly/ Mo	onthly Salary \$ How long there
Other income, annual \$ Source	е
	If employed, monthly salary
•	Location
II mortgaged, give amount \$	lolder
	'S STATEMENT
	onthly Salary \$ How long there
	e
-	If employed, monthly salary
Real estate owned, market value \$	Location
If mortgaged, give amount \$ H	lolder
	Standard of Complete
	Signature of Co-maker
CREDIT COMMITTEE ACTION	
On a loan of \$	was approved/disapproved on the following condition:
	Loans Officer Signature
	Deagan for Disapproval or Special Notes
	Reason for Disapproval or Special Notes
Members of the Credit Committee	