



LOAN APPLICATION FORM

| | | | | | |
|---|--|--------------------------------------|--------------------------------------|---|-----------|
| LOAN APPLICATION NO.: | | LOAN ACCOUNT NO.: | | BRANCH: | |
| Loan Amount: <input type="text"/> | | | | Assigned to: <input type="text"/> | |
| Repayment Period | | | Interest Rate: | | Per annum |
| Payment Amount: | | | First Due Date: | | |
| PURPOSE OF LOAN | | | | | |
| Details: <input type="text"/> | | | | | |
| SECURITY OFFERED | | | | | |
| Details: <input type="text"/> | | | | | |
| PRIMARY APPLICANT PERSONAL INFORMATION <small>(At least two forms of valid picture identification are required e.g. National ID, Passport, Valid Driver's Licence)</small> | | | | | |
| Title: <input type="text"/> | | Marital Status: <input type="text"/> | | | |
| Surname: <input type="text"/> | | First Name: <input type="text"/> | | Middle Name(s): <input type="text"/> | |
| Date of Birth: <small>(mm-dd-yyyy)</small> <input type="text"/> | | Age: <input type="text"/> | | Place of Birth: <input type="text"/> | |
| No. of Dependent(s): <input type="text"/> | | Are you a: | | <input type="checkbox"/> Home Owner <input type="checkbox"/> Rent <input type="checkbox"/> Live in Family Home <input type="checkbox"/> Other: | |
| Residential Address (Street): <input type="text"/> | | | | | |
| City/Town: <input type="text"/> | | Parish/State: <input type="text"/> | | | |
| Zip/Postal Code: <input type="text"/> | | Country: <input type="text"/> | | | |
| Telephone Nos.: Home: <input type="text"/> | | Mobile: <input type="text"/> | | | |
| Telephone Nos.: Work: <input type="text"/> | | Fax: <input type="text"/> | | | |
| Email (home): <input type="text"/> | | | Email (work): <input type="text"/> | | |
| Identification: <input type="text"/> | | | | | |
| Issue Date: <input type="text"/> | | Expires: <input type="text"/> | | | |
| Identification: <input type="text"/> | | | | | |
| Issue Date: <input type="text"/> | | Expires: <input type="text"/> | | | |
| EMPLOYMENT INFORMATION <small>(If self-employed, a Certificate of Incorporation/Registration or equivalent is required)</small> | | | | | |
| Name & Address of Employer: <input type="text"/> | | | | | |
| <input type="text"/> | | | | | |
| Occupation: <input type="text"/> | | | Tel. No.: <input type="text"/> | | |
| Length of Service: <input type="text"/> | | Salary Mode: <input type="text"/> | | | |
| Employment Status: <input type="text"/> | | | Gross Salary \$ <input type="text"/> | | Monthly |
| Name & Address of Previous Employer: <input type="text"/> | | | | | |
| <input type="text"/> | | Occupation: <input type="text"/> | | Tel. No.: <input type="text"/> | |
| Length of Service: <input type="text"/> | | Gross Salary \$ <input type="text"/> | | | |
| Reference 1: | | | Reference 2: | | |
| Name: <input type="text"/> | | | Name: <input type="text"/> | | |
| Address: <input type="text"/> | | | Address: <input type="text"/> | | |
| <input type="text"/> | | | <input type="text"/> | | |
| Telephone Nos.: | | | Telephone Nos.: | | |
| Home: <input type="text"/> | | Home: <input type="text"/> | | | |
| Work: <input type="text"/> | | Work: <input type="text"/> | | | |

FINANCIAL INFORMATION

| ASSETS | AMOUNT (\$) | LIABILITIES | OUTSTANDING BALANCE (\$) | MONTHLY PAYMENTS (\$) |
|----------------------|-------------|--------------------|--------------------------|-----------------------|
| Property Value | | Mortgage | | |
| Savings | | Loan | | |
| Life Insurance Value | | Loan | | |
| Bonds | | Credit Card | | |
| Vehicle Value | | Credit Card | | |
| Vehicle Value | | Cave Shepherd Card | | |
| Other | | Massy Card | | |
| Other | | Courts Card | | |
| | | Hire Purchase | | |
| | | Hire Purchase | | |
| | | Other | | |
| | | Other | | |
| TOTAL | | TOTAL | | |
| NET WORTH: | | LTV: | | |

NOTES:

EXPENDITURE

| PERSONAL BUDGET | AMOUNT (\$) | INCOME |
|-----------------------|-------------|----------------------------|
| MEMBER'S SALARY/WAGES | | <u>DEBT SERVICE RATIO:</u> |
| MEMBER'S SALARY/WAGES | | <u>TEXP RATIO:</u> |
| TOTAL | | <u>NET WORTH:</u> |

| MONTHLY EXPENSE PAYMENTS | AMOUNT (\$) | MONTHLY EXPENSE PAYMENTS | AMOUNT (\$) |
|----------------------------|-------------|----------------------------|-------------|
| Rent | | Bus Fare | |
| Property Insurance | | Vehicle Gas | |
| Property Tax | | Vehicle Insurance | |
| Water | | Life Insurance | |
| Electricity | | Medical Insurance | |
| Telephone/Internet Package | | Pension Plan | |
| Cell Phone | | | |
| Natural Gas | | | |
| Child Maintenance | | | |
| Food | | | |
| | | | |
| TOTAL EXPENDITURE | | TOTAL EXPENDITURE | |
| NET SURPLUS/DEFICIT | | NET SURPLUS/DEFICIT | |

DECLARATION

I declare that the facts herein stated are true to the best of my knowledge, information and belief. You are authorised any information you may require relative to this application from any source to which you may apply and each such source is hereby authorised to provide you with such information. You are authorised to retain the application and all relevant documentation whether or not the loan is approved. I hereby consent to the Credit Union verifying or disclosing this information or any other financial information to or obtaining further information from any other financial or other institution. I agree to conform to the By-Laws of this Credit Union.

Signature of Applicant:..... Date: (mm/dd/yyyy)...../...../.....

City of Bridgetown Co-operative Credit Union Ltd.
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 Manor Lodge, St. Michael
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