



LOAN APPLICATION FORM

LOAN APPLICATION NO.:		LOAN ACCOUNT NO.:		BRANCH:	
Loan Amount: <input type="text"/>				Assigned to:	
Repayment Period			Interest Rate:		Per annum
Payment Amount:			First Due Date:		
PURPOSE OF LOAN					
Details: <input style="width: 100%;" type="text"/>					
SECURITY OFFERED					
Details: <input style="width: 100%;" 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 style="width: 100%;" 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 style="width: 100%;" type="text"/>					
Issue Date: <input type="text"/>		Expires: <input type="text"/>			
Identification: <input style="width: 100%;" 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 style="width: 100%;" type="text"/>					
<input style="width: 100%;" 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 style="width: 100%;" type="text"/>					
<input style="width: 100%;" 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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