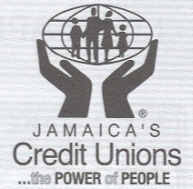


LOAN APPLICATION PERSONAL CREDIT

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Name of Credit Union: _____
Branch: _____

Date of Application: _____
/ /
(DD/MM/YY)

1. PERSONAL INFORMATION

NAME OF APPLICANT (SURNAME, FIRST NAME, MIDDLE NAME)		DATE OF BIRTH (DD/MM/YY) / /	T.R.N.	ACCOUNT #
PRESENT HOME ADDRESS			OWN, RENT, OTHER	YEARS THERE
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS			HOME TELEPHONE #	FAX/CELLULAR #
PREVIOUS HOME ADDRESS		YEARS THERE	E-MAIL ADDRESS	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE #
# OF DEPENDENTS	AGE(S) OF EACH	STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED		DATE OF MEMBERSHIP (DD/MM/YY) / /

2. EMPLOYMENT INFORMATION

NAME OF EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF EMPLOYER	EMPLOYEE #	TELEPHONE #
NAME OF PREVIOUS EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF PREVIOUS EMPLOYER	TELEPHONE #	

3. SPOUSE'S EMPLOYMENT INFORMATION

NAME OF SPOUSE (SURNAME, MAIDEN NAME (if applicable), FIRST NAME, MIDDLE NAME)		DATE OF BIRTH (DD/MM/YY) / /	T.R.N.
NAME OF EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS	
ADDRESS OF EMPLOYER		TELEPHONE #	
NAME OF PREVIOUS EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS	
ADDRESS OF PREVIOUS EMPLOYER		TELEPHONE #	

4. CO-MAKER'S INFORMATION

NAME OF CO-MAKER (SURNAME, FIRST NAME, MIDDLE NAME)		DATE OF BIRTH (DD/MM/YY) / /	T.R.N.	MEMBER ACCOUNT #
PRESENT HOME ADDRESS			OWN, RENT, OTHER	YEARS THERE
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS			HOME TELEPHONE #	FAX/CELLULAR #
PREVIOUS HOME ADDRESS		YEARS THERE	E-MAIL ADDRESS	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE #
# OF DEPENDENTS	STATUS (MARRIED, SINGLE, DIVORCED)		SPOUSE'S NAME	

5. CO-MAKER'S EMPLOYMENT INFORMATION

NAME OF EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF EMPLOYER		TELEPHONE #
NAME OF PREVIOUS EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF PREVIOUS EMPLOYER		TELEPHONE #

LOAN APPLICATION - PERSONAL CREDIT

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6. CO-MAKER'S INFORMATION

NAME OF CO-MAKER (SURNAME, FIRST NAME, MIDDLE NAME)		DATE OF BIRTH (DD/MM/YY) / /	T.R.N.	MEMBER ACCOUNT #
PRESENT HOME ADDRESS			OWN, RENT, OTHER	YEARS THERE
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS			HOME TELEPHONE #	FAX/CELLULAR #
PREVIOUS HOME ADDRESS		YEARS THERE	E-MAIL ADDRESS	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE #
# OF DEPENDENTS	STATUS (MARRIED, SINGLE, DIVORCED)		SPOUSE'S NAME	

7. CO-MAKER'S EMPLOYMENT INFORMATION

NAME OF EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF EMPLOYER		TELEPHONE #
NAME OF PREVIOUS EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF PREVIOUS EMPLOYER		TELEPHONE #

8. GUARANTOR'S INFORMATION

NAME OF GUARANTOR (SURNAME, FIRST NAME, MIDDLE NAME)		DATE OF BIRTH (DD/MM/YY) / /	T.R.N.	I.D. #
PRESENT HOME ADDRESS			OWN, RENT, OTHER	YEARS THERE
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS			HOME TELEPHONE #	FAX/CELLULAR #
NAME AND ADDRESS OF EMPLOYER			E-MAIL ADDRESS	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE #
# OF DEPENDENTS	STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED		SPOUSE'S NAME	

9. LOAN DETAILS

LOAN PURPOSE _____	REPAYMENT SOURCE: <input type="checkbox"/> SALARY DEDUCTION <input type="checkbox"/> POST DATED CHEQUE <input type="checkbox"/> COUNTER <input type="checkbox"/> STANDING ORDER (ACCOUNT # _____)
LOAN AMOUNT: \$ _____	
COLLATERAL SECURITY HELD AND PROPOSED _____	

10. INCOME AND EXPENDITURE STATEMENT

INCOME	\$	EXPENDITURE	\$
Gross Monthly Family Income		Car Loan Payment	
Less Deductions At Source		Hire Purchase Payments	
Net Income (Take Home Pay)		Life Insurance Premiums	
Other Income		Other Loan Payments	
TOTAL INCOME		Rent	
		Mortgage, Maintenance	
		Insurance, Home, Vehicle	
		Transportation Expenses	
		Utilities - Telephone, Water, Electricity	
		Living Expenses - Food, Clothing, etc.	
		Educational Expenses - School Fees, etc.	
		Medical, Dental, Optical Expenses	
		Entertainment	
		Other	
		TOTAL EXPENSES	
		SURPLUS/(DEFICIT)	

11. STATEMENT OF LIABILITIES

LIABILITIES	\$	\$	\$	ASSETS	\$	\$	\$
MORTGAGE (financial institution, branch)	PAYMENTS Current (Y/N)	MONTHLY PAYMENTS	BALANCE OUTSTANDING	REAL ESTATE (incl. address, volume and folio numbers)	INSURANCE COVERAGE AMOUNT	MEMBER VALUATION	LOANS OFFICER VALUATION
LIEN HOLDER				CHATELS (Motor vehicle, Furniture, Equipment, Other)			
OTHER AMOUNTS OWED (excluding the above)				OTHER ASSETS (share certificate, etc)			
LIFE INSURANCE POLICIES (loans)				LIFE INSURANCE POLICIES (insurer, policy date, face value)	PREMIUMS Current (Y/N)	C.S.V.	C.S.V.
LOANS (financial institution, branch)				DEPOSIT ACCOUNTS (financial institution, branch)	ACCOUNT #	BALANCE	BALANCE
				TOTAL ASSETS			
TOTAL LIABILITIES				NETWORTH			

12. MEMBER'S DECLARATION

I hereby apply for a loan of \$ _____ and confirm that the information given is true in all respects, accurate and complete and that I have not withheld any information that might affect the Credit Union's decision. I am agreeable to the Credit Union taking such steps, as it may deem necessary to verify any of the information given. The Credit Union is authorised to charge my account with the monthly payments on due dates and I agree to pay all appropriate charges for any overdue instalments. The Credit Union is authorised to provide information to credit bureaus and other credit grantors as permitted by law and to send me information about other services. I agree to pay all fees associated with the processing of the loan.

DATE

APPLICANT'S SIGNATURE

WITNESS

DATE

APPLICANT'S SIGNATURE

WITNESS

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FOR CREDIT UNION USE ONLY						
CONNECTED ACCOUNTS		OTHER CREDIT UNION SERVICES				
A/C # _____		IN USE	NEEDED		IN USE	NEEDED
A/C # _____	REGULAR DEPOSITS			REGULAR LOANS		
A/C # _____	TERM DEPOSITS			BUSINESS LOANS		
A/C # _____	GOLDEN HARVEST			LINE OF CREDIT		
A/C # _____	LONG TERM DEPOSIT			ACCESS PLUS		
A/C # _____	CHRISTMAS/VACATION DEPOSIT			FINANCIAL COUNSELLING		
A/C # _____	FAMILY INDEMNITY PLAN			OTHER (SPECIFY)		
A/C # _____	BLUE CROSS HGM PLAN					

INTERVIEWED BY: NAME/TITLE

CREDIT SCORE: _____

LOANS OFFICER'S ESTIMATED SURPLUS \$ _____

REGISTRATION FEES \$ _____

OTHER FEES \$ _____

SHARE BALANCE \$ _____

DEPOSIT BALANCES \$ _____

CURRENT LOAN BALANCES \$ _____

REPAYMENT PERIOD _____

INTEREST RATE _____

PROPOSED MONTHLY REPAYMENT \$ _____

RECOMMENDED/APPROVED BY: NAME/TITLE

DEBT/EQUITY RATIO _____

COMMITMENT/ANNUAL FEE \$ _____

NEGOTIATION FEES \$ _____

LOAN CODE _____

SECURITY CODE _____

OTHER CODE (SPECIFY): _____

REPAYMENT RECORD ON PREVIOUS LOAN

ORIGINAL LOAN BALANCE \$ _____

DATE OF LAST LOAN: _____

REPAYMENT RECORD: ☐ EXCELLENT ☐ GOOD ☐ POOR

LOAN COMMITTEE/CREDIT COMMITTEE DECISION: ☐ APPROVED ☐ DISAPPROVED

ON _____ A LOAN OF \$ _____

(DATE)

MEMBERS OF COMMITTEE	WAS APPROVED/DISAPPROVED ON THE FOLLOWING CONDITIONS/ OTHER COMMENTS: