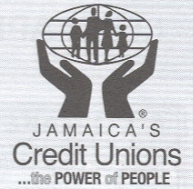


LOAN APPLICATION PERSONAL CREDIT

PAGE 1 OF 4



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

RECOMMENDED/APPROVED 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 \$ _____

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:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
ON _____ (DATE) A LOAN OF \$ _____	

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

LOAN AGREEMENT

Amount Borrowed: \$.....

Terms \$.....

Loan No.

Cheque No.

A/C No.

Final Payment due

.....
Name of Credit Union

..... 20.....

FOR VALUE RECEIVED I/We, as principal and

..... as co-makers (waiving..... rights of demand and

notice) jointly and severally promise to pay to the

or order the sum of (\$.....) as follows:-

..... on 20..... and

each succeeding week/month, thereafter, the whole sum to be repaid in or within

from date; interest to be at.....

As Collateral security for this note said Borrower has deposited with said Credit Union.

In case of any default in payment as herein agreed, unless excused by the Board of Directors, the entire balance of this loan shall become immediately due and payable on demand. This loan shall also become due and payable when the borrower becomes bankrupt, or leave Jamaica without giving at least six months notice or loses his common bond.

Said principal and co-makers jointly and severally promise to pay all fines imposed in accordance with the rules of the Credit Union, for failure to comply with the terms of this loan together with all costs or expenses incurred in the collection of any sum due; also, if the holder hereof after default, shall place this loan in the hands of an attorney-at-law for collections, to pay all costs incurred.

The Credit Union reserves the right to vary the rate of interest payable by the Borrower from time to time by giving to the Borrower, a notice to that effect specifying the new rate of interest and the date from which interest at such rate shall be payable.

.....
Signature of Witness

X.....
Signature of Principal

.....
Signature of Witness

.....
Signature of Co-maker

.....
Signature of Witness

.....
Signature of Co-maker

.....
Signature of Witness

.....
Signature of Co-maker

**GRACE CO-OPERATIVE CREDIT UNION LIMITED
LOAN DEDUCTION FORM**

I _____ an employee of _____
hereby agree to have the sum of \$ _____ deducted from my salary each month/fortnight
commencing _____ and pay the full amount to GRACE CO-OP CREDIT
UNION LIMITED in consideration of their lending me \$ _____ with deduction
also of \$ _____ for shares until this debt has been liquidated.

I am aware that these deductions cannot be stopped without written advice from GRACE
CO-OP CREDIT UNION LIMITED and should my service be terminated with the
Company, I hereby agree that the balance of my account at that time be deducted from my
salary or any other perquisites that may be due to me.

I am also aware and agree that once my total loan balance exceeds my voluntary share balance,
I shall not be allowed to withdraw funds from this account as stated in the Credit Union's Rules.

	LOANS	SHARE	DEPOSIT	TOTAL
--	-------	-------	---------	-------

CURRENT DEDUCTIONS _____

INCREASE/DECREASE _____

TOTAL NEW DEDUCTIONS _____

DATE _____

SIGNATURE OF BORROWER _____

SIGNATURE OF WITNESS _____

Dear Sir

Kindly pay to **GRACE CO-OP CREDIT UNION LIMITED** the sum of

_____ \$ _____ from my salary or any other
perquisites that may be due to me.

Name: _____

Signature: _____

PERSONAL CONSENT FORM

Dated, 20.....

To: CREDITINFO JAMAICA LIMITED

Re: Disclosure of my Credit Information:

Insert name of MEMBER - GRACE COOPERATIVE CREDIT UNION LIMITED (GCCU)

I..... of..... in the parish of

..... with Tax Registration Number hereby consent:

- a. to the disclosure to GCCU such Credit Information which **Creditinfo Jamaica Limited** duly licensed under the Credit Reporting Act ("the Credit Bureau") may have in regard to me ;
- b. to GCCU providing this signed consent form to the Credit Bureau by electronic means;
- c. to the Credit Bureau providing the said Credit Information as may be required from time to time to GCCU by electronic or other means.

I understand and agree that my consent which is hereby given:

- i. shall subsist for the duration of my application for this or any future credit facility that I may have or apply for with GCCU and for so long as this credit facility or such future credit facility shall subsist;
- ii. shall remain valid and binding until it is expressly revoked by me;
- iii. cannot be revoked during the subsistence of any credit facility that I may have with GCCU but only upon or after the termination of such facility;
- iv. will be applicable to all applications that I may make to obtain a credit facility from GCCU where I am involved in that application either as the borrower or surety/guarantor and also for the purpose of facilitating risk assessment for granting further extension of credit by GCCU in relation to any credit facility currently existing or which may come into existence in the future.

I..... hereby sign this Consent of my own free will and volition the same having been read by/to me and fully understood.

.....
Name of Consumer

.....
Signature of Consumer

.....
Name of Witness*

.....
Signature of Witness

***Signature may be witnessed by an authorised representative of the Customer, Bank Manager, Attorney-at-Law, Medical Doctor, Justice of the Peace and/or via a verification method consistent with the Electronic Transactions Act.**