

Grace Co-op. Credit Union offers “Easta Runnins”

Maximum accessible is \$100,000 or 20% of your total Credit Union deposits (shares, savings, golden harvest and fixed deposit balances); whichever is less.

- Interest rate is 17% per annum.
- Loan is on an unsecured basis. No loan to share ratio needs to be met.
- Application deadline is 22/04/2013. Disbursement final date 26/4/2013.
- Repayment period up to 4 months, starting April 2013 for applications approved before the 10th April 2013.

APPLICATION FORM FOR SPECIAL EASTER LOAN

Application Date _____ Account Number _____

Name of applicant _____

Amount requested _____ Date payment required _____

Home Address _____

Home tel. # _____ other tel. # _____

Date of Birth _____

Name of Employer _____ Office tel.# _____

Address of Employer _____

Position _____ Monthly/Weekly Salary
\$ _____

Name, Address & Tel. # of next of kin _____

Credit Obligations – List all debts, your installments and recurrent monthly obligations below. Attach an additional sheet to capture this info. if necessary.

Name of Creditor/ Address/ type of obligation Location	Monthly Payments	Balance Owing
Rent/mortgage		
Insurance Cost		
Food Expense		

I hereby agree to comply with all the terms, conditions, rules and regulations of Grace Co-operative Credit Union Limited, to repay the amount borrowed with interest at seventeen percent (17%) per annum on the reducing balance over four months(for amounts \$50,000 and over) starting April 2013 for members whose loan is disbursed before April 10th 2013. I also agree to allow the Credit Union to collect any outstanding amount owed from proceeds of my salary or any other perquisites that may be due to me if necessary.

.....
Signature (Applicant)

.....
Signature (Witness)

FOR OFFICE USE ONLY	
Share a/c balance \$ _____	Current loan repayment \$ _____
Current loan balance \$ _____	Monthly repayment \$ _____
Current unsecured loan amt. \$ _____	New loan instalment \$ _____
Information prepared by _____	Loan approved by _____

Pay cheque to the order of: _____

Cheque Total: _____ Membership Account #: _____

Cheque #/ ACH #: _____ Date: _____

Cheque signed by (1) _____ (2) _____

Cheque received by _____ Delivered by: _____

DEDUCTION AUTHORISATION

I authorize deduction of \$ _____ from my salary payable to Grace Co-op. Credit Union Limited effective _____. This instruction can only be cancelled in writing by the said Credit Union.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

WITNESS: _____

PLEASE INCLUDE COPIES OF YOUR LAST THREE PAYSLEIPS