Loan Application Form

St. Columba's CREDIT UNION Ltd.

PERSONAL DETAILS

MEMBER

Name _____ Member No. _____ Date of Birth _____

Maiden Name (if applicable) _____ Marital Status _____

Address _____ No. of Dependents _____ Ages _____

_____ Email Address _____

Telephone No. _____ Mobile No. _____

Are you: Home Owner ❑ Tenant ❑ Living with Parents ❑ Other ❑ Length at present address: _____ years

Original (Parents) Address _____ Rent/ Mortgage _____ wk / mth

SPOUSE/ PARTNER

Name _____ Mobile No. _____ Date of Birth _____

LOAN DETAILS

Amount of Loan _____ Duration of Loan _____

Purpose of Loan _____ Repayments Weekly / Fortnightly / Monthly

_____ Existing Loan Balance _____

Share Balance _____ (with St. Columba's Credit Union)

EMPLOYMENT DETAILS

MEMBER

Employer _____

Address _____

_____

How long in this employment _____

Occupation _____

Net Income _____ per wk/ mth

Full-Time ❑ Permanent ❑ Contract ❑
Part-Time ❑ Self-Employed ❑ Retired ❑ Other ❑

If other please specify _____

Other Income _____ per wk/ mth

Source of other income _____

SPOUSE/ PARTNER

Employer _____

Address _____

_____

How long in this employment _____

Occupation _____

Net Income _____ per wk/ mth

Full-Time ❑ Permanent ❑ Contract ❑
Part-Time ❑ Self-Employed ❑ Retired ❑ Other ❑

If other please specify _____

Other Income _____ per wk/ mth

Source of other income _____

OTHER LOANS

	Institution	Amount Outstanding	Monthly Repayments	Final Repayment Date
Mortgage				
Bank Loan 1				
Bank Loan 2				
Overdraft				
Credit Card 1				
Credit Card 2				
Loan in other Credit Union				
Other				

Applicant's Signature Signature **Date** Day / Month / Year

Where did you last hear about St. Columba's Credit Union Loans?

Friend /Family ❑ News Paper ❑ Radio ❑ In Credit Union ❑ Flyer ❑ Where I Work ❑

Always get my loans from St. Columba's Credit Union ❑ Other ❑ (please specify) _____

Walter Macken Road, Mervue, Galway
Tel: **091 755 825**
Fax: **091 770 964**

24 Eyre Square, Galway
Tel: **091 563 531**
Fax: **091 565 120**

6 Castle Road, Oranmore, Galway
Tel: **091 794 477**
Fax: **091 794 501**

Galway Shopping Centre, Headford Road, Galway
Tel: **091 705 315**
Fax: **091 770 964**

Loan Application Form

St. Columba's CREDIT UNION Ltd.

PROPOSED GUARANTOR (IF REQUIRED)

Name _____
Address _____
_____
Telephone No. _____
Mobile No. _____
Are you: Home Owner ❑ Tenant ❑ Living with Parents ❑ Other ❑

How long at present address _____ years.

House: Private / Corp / Co. Council

Member Number _____ Date of Birth _____

Marital Status _____
Occupation _____ F/T or P/T
Employer _____
Address _____
Employer Tel No. _____
Net weekly / monthly salary€ _____
Rent / Mortgage _____ wk/ mth
Member of other CU's _____

GUARANTORS FINANCIAL DETAILS

	Institution	Amount Outstanding	Monthly Repayments	Final Repayment Date
Mortgage				
Bank Loan 1				
Bank Loan 2				
Overdraft				
Credit Card 1				
Credit Card 2				
Loan in other Credit Union				
Other				

IRISH CREDIT BUREAU CONSENT (ICB)

I/We authorise St. Columba's Credit Union Ltd. to process and retain data provided by me/us in respect of this loan application, to seek and provide credit references (searches) from other Credit Unions, to record details of any transaction which may result from this application with Irish Credit Bureau Limited (ICB) and ICB to record, retain and disclose to its members details of such searches for a period of one year.

I/We acknowledge that St. Columba's Credit Union Ltd. and or ICB are permitted to disclose any material misstatment of fact contained in the application for financial accommodation to its members and relevant bodies. I/We consent to any such application being processed, recorded and retained by ICB.

Signed: _____ Date: _____ (Applicant 1)

Signed: _____ Date: _____ (Applicant 2)

Signed: _____ Date: _____ (Guarantor if Required)

Witnessed by: _____ Date: _____

FOR OFFICE USE ONLY

Approved by _____ Date _____
Loan Officer (LO) Credit Committee (CC) Special Committee (SC) Board of Directors (BD)

Comments _____
_____

Walter Macken Road, Mervue, Galway
Tel: **091 755 825**
Fax: **091 770 964**

24 Eyre Square, Galway
Tel: **091 563 531**
Fax: **091 565 120**

6 Castle Road, Oranmore, Galway
Tel: **091 794 477**
Fax: **091 794 501**

Galway Shopping Centre, Headford Road, Galway
Tel: **091 705 315**
Fax: **091 770 964**