

Sole or Joint Loan Application Form

Member No.	<input type="text"/>	Full Name	<input type="text"/>
Member No.	<input type="text"/>	Full Name	<input type="text"/>

Before we can even start to assess your Application, you must complete this form in full and produce the documents requested.
If your Application depends upon your Partners Income, then you must apply with full details of both of you.

"Don't forget that with Coastal Credit Union you are borrowing your fellow member's money – never apply to borrow if you're not completely committed to repaying their trust in you, there are NO shareholders underwriting the loss"
Please ANSWER EVERY QUESTION – without this we will not carry out our assessment and make a decision on your loan.
Over and above the Loan repayment calculated, there will be an extra element of regular savings added to it.

You must provide us with the following – without these we will usually not process your application.
Please tick the boxes below to confirm that you have enclosed the required information.

- 1) Originals of your last three months wage slips **OR** originals of all your Benefit letters including Housing Benefit.
- 2) Originals of your last three months bank statements. The most current statement must be less than 4 weeks old.
- 3) Mortgage papers if property owned. If rented then up to date rent statement and any top up receipts.
- 4) Tenancy Agreement / Mortgage papers if not registered to vote.
- 5) Tenancy Agreement if a Private Landlord – if Council or Housing Association – up to date Rent Statements.
- 6) Up to date Utility Bills, proof of all debts to be consolidated.
- 7) If Self Employed you must provide Accounts or other acceptable proof of Tax payments etc.
- 8) If you have any Debt / Credit outstanding with any organisation including Brighthouse, Provident, Catalogues etc YOU must provide your latest statement / books showing your outstanding balance.

Please return your completed form and all **original documents** needed, to **Coastal Credit Union, 531/533 Christchurch Road, Bournemouth, BH1 4AG** by **Friday** so it can be processed ready for a decision by the Loans Committee on Thursday.

The decision will ONLY be available after 1pm on Thursday, if you wish to telephone & enquire. DO NOT PHONE BEFORE THIS TIME.
If you need any help completing the form, please let us know and we will do our best to assist you. **Tel: 01202 566878**

FREE LIFE PROTECTION INSURANCE
All members aged 18 to 70 qualify for this insurance, subject to pre existing conditions, if you are granted a loan. The insurance stops when age 70 is reached, even if there is still a balance outstanding.
The amount of insurance payable is equal to the insured balance of the loan at the date of death. The current maximum amount payable under this insurance policy is £5,000.
If the balance of the loan at the date of death is in excess of £5,000 the excess part will not be covered. The proceeds of the policy are paid direct to the Credit Union.

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS. Full name, address, telephone number, country of nationality and date of birth details **must be given or the application will be NOT ACCEPTED.**

1. Your Personal Details

Please fill in your personal details below. ALL PARTS OF THIS SECTION MUST BE FILLED IN.

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Name	<input type="text"/>	Membership No	<input type="text"/>			
Surname	<input type="text"/>	Previous Name	<input type="text"/>	Male	Yes <input type="checkbox"/>	Female	Yes <input type="checkbox"/>			
N.I. Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	<input type="text"/>									

Residential Status:	Owner	Yes <input type="checkbox"/>	Mortgage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rent	Yes <input type="checkbox"/>	Living with Parents	Yes <input type="checkbox"/>	Other	Yes <input type="checkbox"/>
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Time at Current Address*	Year(s)	<input type="text"/>	Month(s)	<input type="text"/>
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* If less than 3 years at current address, please fill in previous address details below or attach extra information

Postcode	<input type="text"/>	<input type="text"/>
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Time at Previous Address	Year(s)	<input type="text"/>	Month(s)	<input type="text"/>	Number of Dependants	Number	<input type="text"/>
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Home Tel	<input type="text"/>	Mobile Tel	<input type="text"/>
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Marital Status:	Single	Yes <input type="checkbox"/>	Married	Yes <input type="checkbox"/>	Living with Partner	Yes <input type="checkbox"/>	Divorced	Yes <input type="checkbox"/>	Widowed	Yes <input type="checkbox"/>
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Email	<input type="text"/>
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2. Employment Details

Please fill in your employment details below. ALL PARTS OF THIS SECTION MUST BE FILLED IN.

Employed	Employed	Self	Long Term										
Full Time	Yes <input type="checkbox"/>	Part Time	Yes <input type="checkbox"/>	Employed	Yes <input type="checkbox"/>	Unemployed	Yes <input type="checkbox"/>	Sick	Yes <input type="checkbox"/>	Retired	Yes <input type="checkbox"/>	Student	Yes <input type="checkbox"/>
How long has the above been your status?	Year(s)	<input type="text"/>	Month(s)	<input type="text"/>									

Current Employers Name	<input type="text"/>
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Current Employers Address	<input type="text"/>
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Postcode	<input type="text"/>	Occupation	<input type="text"/>
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Time with this employer	Year(s)	<input type="text"/>	Month(s)	<input type="text"/>	Time with previous employer	Year(s)	<input type="text"/>	Month(s)	<input type="text"/>
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3. How your Income is paid

Please fill in where your Income is paid into

Current Account	Yes <input type="checkbox"/>	Post Office Card Account	Yes <input type="checkbox"/>	Coastal Credit Union Account ONLY	Yes <input type="checkbox"/>	Giro/Cheque/Cash	Yes <input type="checkbox"/>
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8. Previous Loan and Credit Card Payment History

ALL PARTS OF THIS SECTION MUST BE FILLED IN.

Have you missed any payments in the last 12 months? Yes No Don't know

If so please state who, how and why

Do you have any CCJ's (County Court Judgements)? Yes No Don't know

If so please state who, how and date

Do you have any Defaults? Yes No Don't know

If so please state who, how and date

Are you currently an undischarged bankrupt? Yes No Don't know

If so please state how and when

Have you had a social fund payment? Have now In the past No

If so please state when and amount

9. Partner's Details

If this is a Joint Loan Application, please fill in Partner's details below

Title Forename Middle Name Membership No

Surname Previous Name Male Yes Female Yes

N.I. Number Nationality Date of Birth DD MM YYYY

Employed Employed Self Long Term

Full Time Yes Part Time Yes Employed Yes Unemployed Yes Sick Yes Retired Yes Student Yes

How long has the above been your status? Year(s) Month(s)

Current Employers Name

Current Employers Address

Postcode Occupation

Time with this employer Year(s) Month(s) Time with previous employer Year(s) Month(s)

DECLARATION AND DATA PROTECTION

I declare that the information I have given on this form is, to the best of my knowledge and belief, accurate and full information.

In accordance with the principles of the Data Protection Act 1998, your personal details will be treated confidentially. They may be disclosed to a credit reference, or fraud prevention agency, which may keep a record of that information and that they may disclose that information, and the fact a credit search was made to other agencies for the purposes of assessing the risk of giving credit, for account management, to trace debtors and for the prevention of fraud and money laundering.

Coastal Credit Union Ltd is authorised and regulated by the Financial Services Authority Firm Ref No. 213791 Consumer Credit Licence No. 526148 Is a member of the Financial Ombudsman Service and is licensed by the Office of Fair Trading.

I have personally completed this application

Applicant's Signature	SIGN HERE	Date	DD	MM	YYYY
OR					
Person who completed this form	PRINT NAME	for	NAME		
Signature	SIGN HERE	Date	DD	MM	YYYY
Applicant's Signature	SIGN HERE	Date	DD	MM	YYYY

Partners Declaration

If you have declared your partner's income as part of your overall income in applying for this loan, your partner will need to sign below confirming their agreement for their information to be used in considering this loan. Any loan approved will be in joint names.

Partners Name	PRINT NAME	Partners Signature	SIGN HERE
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FOR OFFICE USE ONLY

TOTAL INCOME	£
(Less) Monthly Expenditure	£
(Less) Debt Repayments	£
Computer Disposable Income	£
(Less) Savings repayments / Extra	£
Final Disposable Income	£
Disposable Income as a %	%