

Loan Application

Enniskillen Credit Union Limited

Please ensure that all sections are completed.

Incomplete forms will delay a decision on your application

Name:..... Date:

Address:..... Member Number:

..... Marital Status:

..... No. of Dependants.....

Date of Birth:..... Ages of Dependants.....

Mobile No:.....

Email:.....

I hereby apply for a loan of £..... for a period ofMonths/Years (**Delete as appropriate**)

to be repaid in weekly }
fortnightly } instalments of **Including interest**
monthly }

for the following purpose.....

By applying for this loan, you are agreeing that you are aware that savings balance at the time of application are held as security against your loan and cannot be withdrawn, until such time as the loan is less than the held shares at which point the difference may be withdrawn. Once the loan is repaid in full the full share balance is available. Any savings lodged after loan issue are not held.

Employment Details

Occupation:

Name and Address of Employer:

.....

.....

.....

Tel. No:

Part time/Full time (**delete as appropriate**)

Length of Service:

Salary (week/month): £.....

Housing Details

Rent/Own/Mortgage/Living with parents
(**delete as appropriate**)

How long at current address:

Mortgage Provider:

Term of Mortgage:.....Years

Year of Issue:.....Balance: £.....

Mortgage: Fixed/Variable
(**delete as appropriate**)

I am not indebted to any other credit union, bank or loan agency either as a borrower or guarantor, except as stated below. The statements herein are made for the purpose of obtaining the loan and are true to the best of my knowledge and belief.

TO WHOM DO YOU OWE MONEY (Please list all your debts including credit cards and hire purchase agreements.)

No	Name	Current Balance	Proposed Payments
1			
2			
3			
4			
5			

Consent to use and disclosure/Data Protection Act 1998 and Rule 163 of the Standard Rules for Credit Unions (Northern Ireland) (2013)

I understand that under the Data Protection Act 1998 (the "DPA"), my consent may be required for the credit union to process personal data that it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data, such as data about my health, within the meaning of the DPA, the processing of which requires my explicit consent. I also understand that under rule 163 of the Standard Rules for Credit Unions (Northern Ireland), the credit union, subject to exceptions listed in the rule, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction of mine with the credit union.

Giving your consent

For the purpose of assessing my application for a loan and generally for administering and monitoring any accounts I have with the credit union:

I consent:

- (i) to you seeking information concerning applications for loans and my credit history from the date of my original consent from any other credit union and for that purpose you may disclose any relevant information in this loan application to any such other credit union;
- (ii) to any other credit union disclosing information to this credit union concerning applications for loans and my credit history from the date of my original consent with any such other credit union;
- (iii) to you disclosing any information in my application or in respect of any account or transaction of mine with the credit union from the date of my original consent to authorised officers or employees of the Irish League of Credit Unions for the purpose of fulfilling requirements under the Savings Protection Scheme if such a scheme is operated on behalf of the credit union by the Irish League of Credit Unions; and
- (iv) to the processing of any information relating to me, either contained in this form or any other form or application, for the purpose of assessing this application and administering any accounts I maintain with the credit union.

Please note that you have the right to access personal data held about you by the credit union and to correct any inaccuracies in such data.

Signature *Date:*

MONTHLY INCOME/EXPENSES FORM

Please indicate **monthly** figures for any incomes or expenses you have.

Do not include any figures for partner or spouse.

For any joint expenses please give a figure for the amount you pay towards the total.

INCOME	£	EXPENSES	£
Employment (take home)		Mortgage	
Child Benefit		Rent	
Income Support		Mobile phone	
Child Tax Credits		Telephone & Broadband	
DLA		Sky	
Other Income: (please specify)		Rates	
		Childcare	
		TV Licence	
		Food	
		Electric	
		Heating	
		Petrol/Diesel	
		Car Insurance	
TOTAL		TOTAL	

I confirm that this is a true and accurate account of my income and expenses

Signature: _____

Credit Searches

The credit union is a member of Experian.

1. When you apply for a loan, this organisation may check the following records about you:

- (a) Our own records.
- (b) Records at credit reference agencies (CRAs). When CRAs receive a search from us they will place a search footprint on your credit file that may be seen by other lenders. They supply to us both public (including the electoral register) and shared credit and fraud prevention information.
- (c) Those at fraud prevention agencies (FPAs).

The searches may assess this application for credit and verifying identities to prevent and detect crime and money laundering. We may also make periodic searches at CRAs and FPAs to manage your account with us.

2. If you give us false or inaccurate information and we suspect or identify fraud we will record this and may also pass this information to FPAs and other organisations involved in crime and fraud prevention.

3. If you have borrowed from us and do not make payments that you owe us, we will trace your whereabouts and recover debts.

4. We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

5. Your data may also be used for other purposes for which you give your specific permission or, in very limited circumstances, when required by law or were permitted under the terms of the Data Protection Act 1998.

How to find out more

This is a condensed version and if you would like to read the full details of how your data may be used please contact the credit union office.

You can contact the CRAs currently operating in the UK; the information they hold may not be the same so it is worth contacting them all. They will charge you a small statutory fee.

- **CallCredit**, Consumer Services Team, PO Box 491, Leeds, LS3 1WZ or call 0870 0601414
- **Equifax** PLC, Credit File Advice Centre, PO Box 3001, Bradford, BD1 5US or call 0870 010 0583 or log on to www.myequifax.co.uk
- **Experian**, Consumer Help Service, PO Box 8000, Nottingham NG80 7WF or call 0844 4818000 or log on to www.experian.co.uk.

Signed:

Date:



The Loan Protection Insurance Policy exists solely between ECCU Assurance and the Credit Union.
Credit Union staff should ensure the member completes the form in line with Loan Protection Summary Guidelines.

IMPORTANT – Informing ECCU about material facts

PLEASE REMEMBER THAT YOU MUST TELL US EVERYTHING RELEVANT IN ANSWERS TO ALL OF THE QUESTIONS ON THE DECLARATIONS FORM. IF YOU DO NOT OR IF ANY OF THE ANSWERS TO THESE QUESTIONS ARE NOT TRUE AND COMPLETE, ANY INSURANCE COVER PROVIDED COULD BE VOIDED. A MATERIAL FACT (RELEVANT INFORMATION) INCLUDES ANYTHING WHICH A REPUTABLE INSURER WOULD REGARD AS LIKELY TO INFLUENCE THE ASSESSMENT AND ACCEPTANCE OF AN APPLICATION FOR INSURANCE.

Section A – Member Declaration (Parts 1 to 4 inclusive)

Part 1 Personal Details (please use block letters)

Member's Name	A/C Number	Date of Birth / /
Present outstanding loan balance €/£	Additional loan now required €/£	Total loan balance for cover €/£

Data Protection Disclosures and Consents

ECCU Assurance DAC ("ECCU") will process your personal details in accordance with its Data Protection Policy and all applicable Irish and EU data protection laws. Information about you will be lawfully processed by ECCU in its legitimate interests for purposes associated with your credit union's life assurance policy with ECCU. These include underwriting, retention and processing by computer and manual record systems, claims handling and fraud prevention. We collect special category personal data, i.e. information relating to your physical or mental health, to assess terms of insurance cover and to administer claims which may arise. We may share your information for these purposes with agents or service providers we have appointed, regulatory organisations, (re)insurance companies, those to whom we outsource certain business operations and as required by law. You have rights under the Data Protection Acts 1988, 2003 and 2018, including the right to object to the processing, to access and to rectify any errors in data we hold concerning you. By providing us with your information and signing Section A of this form, you affirm you have read the full ECCU Privacy Notice in Section F and agree to your information being processed, disclosed, transferred and retained by ECCU and your credit union.

Part 2

Which of the statements below best describes your normal occupation or duties?

- Working - means actively at work and regularly performing all the usual duties of your occupation; or
- not actively at work solely because of a temporary minor sickness or injury; or
- not actively at work solely because of maternity leave, parental leave, redundancy, unemployment or other lack of work, strike or holiday provided that you are at that time physically and/or mentally able to be active at work and can regularly perform all the usual duties of your occupation
- Retired - means someone who is retired from paid employment (**other than on ill health grounds**) and able to carry out the normal duties of a retired person
- Student - means a full time education student, aged 16 years or older actively and regularly performing all of the usual activities of a student of the same age
- Homemaker - means a housewife, househusband or homemaker actively and regularly performing all of the usual duties of a homemaker
- None of the above

Part 3

I confirm I am fit to follow my normal occupation or duties (as indicated in Part 2). Yes No

Part 4

Are you receiving an illness or injury related benefit for more than 3 months? Yes No

Member's Signature _____ Date _____ / _____ / _____