

Account Number:



Loan Application Form

Lucan District Credit Union:

Unit 1, Finnstown Shopping Centre, Newcastle Road, Lucan Co Dublin. Tel: 0818 297007
help@lucancu.ie www.lucancu.ie



CONTACT DETAILS

Mr. Mrs. Ms. Other _____ Date of Birth: _____

First Name: _____ Surname: _____ Maiden Name: _____

Current Address: _____

Telephone Home: _____ Work: _____ Mobile: _____

Email Address: _____ PPS Number: _____

MARITAL STATUS:

Single Married Separated Divorced Widowed Co Habitating Civil Partnership

NUMBER OF DEPENDANTS (Excluding spouse / partner) Age of Dependents: _____

RESIDENTIAL STATUS: At home with parents Tenant Home Owner

How long at this address: _____

Previous addresses if less than 5 years: 1. _____ No. of Years: _____

2. _____ No. of Years: _____

RESIDENTIAL STATUS OF LAST PREVIOUS ADDRESSES:

At home with parents Tenant Home Owner Mortgage

Name of Spouse/Partner: _____

Are they a member? Yes No Account Number (if yes): _____

EMPLOYMENT DETAILS

Employed Self employed Homemaker Unemployed Is Employment Permanent Contract

Name of Employer: _____

Address of Employer: _____

Position: _____ No. Years of Service: _____

PREVIOUS DETAILS - IF LESS THAN THREE YEARS

Name of Employer: _____

Address of Employer: _____

Position: _____ No. Years of Service: _____

EMPLOYMENT DETAILS OF SPOUSE

Employed Self employed Homemaker Unemployed Is Employment Permanent Contract

Name of Employer: _____

Address of Employer: _____

Position: _____ No. Years of Service: _____

ONGOING COMMITMENTS

	Monthly Cost	Amount Owing
Mortgage / Rent		
Car Loan		
Credit Cards		
Overdraft		
Other Loans (including Moneylenders)		
Store Cards / Mail Order		
Childcare Costs		
Maintenance		
Other Credit Union		
Other Commitments		
Total		

Mortgage Provider: _____

INCOME DETAILS

put amount in relevant column

Income Source	Weekly Amount	Fortnightly Amount	Monthly Amount	Details
Net Salary/Social Welfare				
Spouse/Partner Net Salary/Social Welfare				
Childrens Allowance				
Maintenance				
Supplementary Benefits				
Other Income				

LOAN DETAILS

Amount applied for: € _____

Term of Loan: _____

Purpose of Loan: _____

Repayments Amount: € _____ Weekly Monthly Fortnightly

Repayment Method: Direct Debit Over the Counter

Existing Share Balance: _____

Existing Loan Balance: _____

New Loan Balance: _____

Guarantor: _____ Account: _____

NOTICE: Under the Credit Reporting Act 2013 lenders are required to provide personal and credit information for credit applications and credit agreements of €500 and above to the Central Credit Register. This information will be held on the Central Credit Register and may be used by other lenders when making decisions on your credit applications and credit agreements.

The Central Credit Register is owned and operated by the Central Bank of Ireland.

For more information see www.centralcreditregister.ie

PRE-EXISTING CONDITION LIMITATION

Have you, in the past 6 months received Medical Treatment, Advice, Consultation or Medication for any of the following:

- Cancer, and Disease of the Heart. any Disease of the Lungs, Brain or Blood Vessels YES NO
- Diabetes or High Blood Pressure YES NO
- Any other Life Threatening Disease or Condition YES NO

If you answered YES to any of the above, you may be asked to provide more information to the credit union before your application is considered.

Utmost Good Faith: All statements in relation to your health shall be made in Utmost Good Faith. Incorrect or Dishonest information may result in a denial or reduction of insurance benefits under the terms of the Credit Union Policy.

IMPORTANT: If you die within 6 months of the date of this loan, of a pre-existing condition any Savings balance plus any insurance due on these Savings, may be used as Security against your remaining Loan Balance in this Credit Union.

Signed: _____ Date: _____ Membership No: _____

DECLARATION

I am not indebted to any other Credit Union, Bank or Loan Agency either as a borrower or guarantor except as stated. I declare I am in good health and fit to follow my normal occupation. The statements herein are true to the best of my knowledge and belief.

Signature: _____ Date: _____

LOAN APPLICATION CHECKLIST

Document	Attached	Notes
Last 3 Payslips		
Preceding 3 months bank statements, Must Include name and address		
Credit Card Statements <i>if applicable</i>		
Other loan statements <i>if applicable</i>		
Self employed persons will also need	Attached	Notes
Tax Clearance Pin		
Last set of certified accounts OR Last Revenue Assessment		

Application checked by: _____

****PLEASE NOTE THAT IF THE ABOVE UP TO DATE INFORMATION IS NOT SUPPLIED IT WILL DELAY YOUR LOAN APPLICATION.****

****APPLICATIONS WILL NOT BE ASSESSED WITHOUT THE REQUIRED DOCUMENTATION****

ADDITIONAL INFORMATION MAY BE REQUIRED FOR SELF-EMPLOYED PEOPLE.

FOR OFFICE USE

Loan of € _____ approved. Loan Refused

APPROVED BY:
Loan Officer / Credit Committee / Special Committee

Signed: _____ Signed: _____ Signed: _____

Date: _____

Paid Out By: _____ Signature: _____ Date _____