Liberty Credit Union Ltd.

Community House, 19/21 Eastern Road, Romford, RM1 3NH.
Tel; 01708 741899.

Tel: 01708 741899 www.lcu.org.uk

Savings & Loans Designed For You

LOAN APPLICATION FORM.

PLEASE COMPLETE IN BLOCK CAPITALS.

MEMBER DETAILS:

FULL NAME……. **MEMBERSHIP NUMBER……..**

ADDRESS……..

……..

…… POSTCODE…….

Time at current address…….. (if less than 3 years, please provide details of other addresses in the past 3 years on a separate sheet).

Date of birth…….. **National Insurance Number…..…/……/……/……/……**

Telephone number (Home)…….. **(work)…….**

EMPLOYMENT DETAILS:

Employment status: Employed full time, Employed part time, Unemployed, Retired,

Occupation (or type of benefit received)……

Name of employer……..

Address of employer……..

……..

Time with current employer……(if less than 1 year please provide details of previous employment on a separate sheet).

LOAN DETAILS:

Purpose of loan……..Amount requested £……..
Repayment period (months)……..

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Company number 219796.

Income and expenditure details, (please include all household income and expenditure and provide the last three months payplips and bank statements. Confirmation of household expenses is also required). Any arrears of payments due should be listed on a separate sheet.

Income Item	**£ per month**	**Expenditure**	**£ per month**
Average take home pay		Rent / Mortgage payments	
Overtime / bonuses / shift allowances		Council tax	
Pension		Electricity	
Other income		Gas	
		Telephone	
		Water rates	
		Groceries	
		Clothing	
		Credit cards / store cards	
		Loan payments	
		Catalogues	
		Hire purchase	
		Leisure / entertainment	
		Pension	
		Insurances (eg home, car)	
		Life Assurance	
		Savings / Investments	
		Other (please specify on separate sheet)	
		Travelling Costs	
TOTAL (A)		**TOTAL (B)**	

DECLARATION:

I declare that I am / am not in good health and that I do / do not require regular medical treatment.
(If you are not in good health, please complete the section below.

My Diagnosis is:…….

My treatment involves:……..

Doctors name:……

Doctors address:……..

I declare that the information I have given on this form is, to the best of my knowledge and belief, accurate and full information. I accept that as part of the processing procedure, the credit union may search the files of a registered credit reference agency, who will keep a record of that search. I understand that the provision of false information is fraud and that the credit union may take appropriate action if I am found to have deliberately provided false or misleading information.

Applicants signature:…… Date……..

OFFICIAL USE ONLY:

Date application received……. Approved Refused referred

Comments / reasons …….

……..

Date member informed…… Authorised by……..