SEYCHELLES CREDIT UNION LOAN APPLICATION FORM



Please complete the various sections of this form fully and accurately to enable us to give a decision as speedily as possible. Provision of false information may result in the refusal of the application. Information supplied will be treated with the utmost confidentiality.

| A) | APP | LICANTS DETAILS | | A/C N | 10. |
|----|-----|------------------------------------|-------------------|-----------------|--------------|
| | 1) | NAME (S) | | | |
| | 2) | RESIDENTIAL ADDRESS | | TEL N | 0. |
| | 3) | CONTACT / POSTAL ADDRESS | | TEL N | |
| | 4) | DATE OF BIRTH | | N.I.N: | |
| | 5) | STATUS: | | | |
| | 6) | NO OF DEPENDENTS: | ADULTS | CHILDREN (OTHER | THAN SPOUSE) |
| | -, | | | | |
| | | | | | |
| B) | EMF | PLOYMENT DETAILS | | | |
| | 7) | PROFESSION / OCCUPATION | | | |
| | 8) | EMPLOYED OR SELF EMPLOYED | | | |
| | 9) | IF EMPLOYED STATE LAST 3 EMPLOY | ERS | | |
| | | | | | |
| | | | | | |
| | | CURRENT | | | |
| | | PREVIOUS | | | |
| | | PREVIOUS | | | |
| | 10) | IF SELF EMPLOYED | | | |
| | 10) | | | | |
| | | a) STATE NO OF YEARS | | | |
| | | b) NATURE OF WORK | | | |
| | | | | | |
| C) | MOI | NTHLY INCOME / EXPENDITURE DETAIL | 10 | | |
| C) | MOI | VIIILI INCOME / EXPENDITORE DETAIL | LS | | |
| | 11) | APPLICANT'S MONTHLY INCOME | | R | |
| | 12) | SPOUSE'S MONTHLY INCOME | | R | _ |
| | 13) | OTHER INCOME (GIVE DETAILS) | | - | _ |
| | - , | | | | |
| | | | | R | - |
| | | | | R | _ |
| | | | | | _ |
| | | TOTAL INCOME | | R - | _ |
| | | | | | - |
| | 14) | REGULAR / FIXED MONTHLY EXPEND | ITURE | | |
| | | A) HOUSING LOAN | | R | _ |
| | | B) OTHER LOANS (CAR ETC) | | R | _ |
| | | C) HOUSEHOLD EXPENSES | | R | _ |
| | | D) DEPENDENTS (ALIMONY) | | R | _ |
| | | E) TRANSPORTATION EXPENSES | | R | _ |
| | | F) OTHER DEBTS / EXPENSES | | R | _ |
| | | TOTAL EXPENDI | TURE | R - | _ _ |
| | 15) | MONTHLY SURPLUS | | R | - |
| | | | | | |
| | NOT | TE: LAST COPY OF YOUR SALARY | SLIP SHOULD BE AT | TACHED | |

| | ТҮРЕ | NAME OF | BANK | / FINANCIAL IN | STITUTION | BALANCE | YEAR OPENED |
|---------|---------------------------|------------------|---------|-----------------|--------------------|--------------------|----------------|
| CURRE | | | | | | | |
| SAVING | | | | | | | |
| DEPOSI | | | | | | | |
| SECURI' | | | | | | | |
| SCU SH | ARES | | | | | | |
| - | GIVE DETAIL OR CURRENT | | ' RECEN | T LOANS OBTAI | NED, YEAR REPAID | | |
| | | LENDER | | | AMOUNT BORROWED | CURRENT BALANCE | YEAR REPAID |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| DETAIL | LS OF LOANS | REQUIRED | | | | | |
| | | | | | | | |
| 18) | PURPOSE OF | LOAN | | | | | _ |
| _ | | | | | | | |
| , | TOTAL COST | | | | | | |
| , | | PLIED FOR R | | | | | |
| , | PERIOD OF R | | | MONTHS | | | |
| , | | REPAYMENT | | | | | |
| | | MONTHLY REPAY | MENT (| INCLUSIVE OF IN | NTEREST) F | R | |
| 24) | SECURITY OF | FERED: | | | | | |
| ; | a) SHARI | ES / SAVINGS | i) | SELF | SR | | |
| | | | ii) | CO-SIGNER | SR | | |
| į | b) MORT | GAGE ON PARCEL | NO. | | SR | | |
| | c) CHAR | GE ON VEHICLE | | | SR | | |
| | d) LIEN (| ON INSURANCE | | | SR | | |
| | e) LIEN (| ON SECURITIES | | | | | |
| | f) CO-SIO | GNER / GUARANTO |)R | | | | |
| | - | Name | | | | | |
| | ii) | Identity No. | | | | | |
| | - | Address | | | | | |
| | _ | Tel No: | | | | | |
| | _ | Shares / Savings | | | | | |
| | - | Account No. (SCU |) | | | | |
| | _ | Monthly Income | , | - | | | |
| | | Employer | | - | | | |
| | viii) | | | | | | |
| | - | Number of years | | | | | |

D) BANK ACCOUNT DETAILS

| F) | DECLARATION BY GUARANTOR | | | | | | | |
|----|---|--|--|--|--|--|--|--|
| | of. | | | | | | | |
| | I, of hereby agree to guarantee this loan application by | | | | | | | |
| | I confirm that the personal details given at 24 (f) above are correct. | | | | | | | |
| | T Collin III that the personal details given at 24 (1) above are correct. | | | | | | | |
| | I agree that the guarantee will not be released until full repayment of the loan and that the balance in my shares / savings account () may be frozen at the discretion of the Seychelles Credit Union. | | | | | | | |
| | account () may be nozen at the distriction of the seyenenes oreal official. | | | | | | | |
| | DATE: GUARANTOR'S SIGNATURE: | | | | | | | |
| | | | | | | | | |
| G) | DECLARATION OF BORROWER | | | | | | | |
| | I hereby certify that the information contained in this application is, to the best of my knowledge , correct and it provides a | | | | | | | |
| | full and complete picture of my financial position. You are hereby authoriesd to obtain any confirmation you may require about the information provided from my employers and / or bankers / lenders. | | | | | | | |
| | I accept that my shares / savings will be frozen and no withdrawals will be allowed until the loan has been repaid. | | | | | | | |
| | I accept that I will pay any legal or other related expenses in respect of preparation/registration of the securities offered. | | | | | | | |
| | I understand and accept to pay 0.5% as Lending Fee on amount borrowed (Minimum SR 50/-) | | | | | | | |
| | If this application cannot be approved on the strength of my income but is approved on the strength of the joint income of myself and my spouse, my spouse will also sign hereunder signifying that he is jointly responsible for this loan and | | | | | | | |
| | its repayment. | | | | | | | |
| | DATE: APPLICANT'S SIGNATURE | | | | | | | |
| | (IF APPLICABLE) SPOUSE'S SIGNATURE | | | | | | | |
| | DOD OPPROVAL MOD | | | | | | | |
| | FOR OFFICIAL USE | | | | | | | |
| H) | COMMENTS OF LOANS SECTION | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | SIGNATURE OF OFFICIAL / DATE: | | | | | | | |
| Ì | MANACEMENT / CDEDIT COMMITTEE | | | | | | | |
| I) | MANAGEMENT / CREDIT COMMITTEE COMMENTS / CONDITIONS | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | LOAN APPROVED / REJECTED on AMOUNT APPROVED SR | | | | | | | |
| | TO BE DISBURSED IN FULL or MONTHLY INSTALLMENTS of R | | | | | | | |
| | APPROVED BY MEMBERS (S) OF: | | | | | | | |
| | . <u></u> | | | | | | | |
| İ | MANAGEMENT COMMITTEE CREDIT COMMITTEE LOANS OFFICER | | | | | | | |