

URGENT

Short Term Loan Application Form



**Local
Ethical
Banking**

PLEASE COMPLETE THIS FORM TOGETHER WITH A BUDGET SHEET.

Provide proof of income (3 x current payslips) and a current Bank statement.

SEND TO ESSEX SAVERS: BY FAX, scan, email, post. OR, DELIVER TO ESSEX SAVERS MAIN OFFICE

Full Name and Title			
Membership No.		Email address	
Address		Postcode:	
Daytime Tel. No.		National Ins. No.	
Evening Tel. No.		Mobile Tel. No.	
Employer's Name and Address			Years with employer
I apply for a loan of (between Min: £50 and Max: £1000) Note: First loan Maximum is £400	£	Purpose of loan	
Period of loan (between 1 and 6 months)	months	Date loan to start	
<p>To the best of my knowledge and belief I am / am not in good health. If <u>not in good health</u>, please detail the health condition here: I have given due consideration to all other financial commitments and feel confident that I shall be able to make repayments in accordance with my loan <u>and</u> savings repayments detailed below*. I understand that loans are subject to credit committee decision and availability of funds. I agree that a Credit Reference Agency search can be carried out. <input type="checkbox"/></p>			
Signature:		Print Name:	Date:

Financial Information in support of a loan

This information must be provided in order for your application to be processed. All information is for Credit Union use only and will be treated in the strictest confidence. The Credit Union is registered with the Data Protection Register.

My total income per month: (Minimum required is £1,000 Gross)	£	
My total expenses per month: (please complete and return the attached Budget Sheet)	£	
I can afford to pay each month: (loan repayments and savings)	Loan* £	Savings £
How will you make you loan and savings payments?	Payroll deduction	Standing order
Your loan payment options are: a) By bank transfer - please provide bank details ▶ b) Loaded onto your ENGAGE debit card c) Cheque Note: Faster payment option (same day) carries a £10 charge	Bank name: Sort Code: Account No:	

Further proof of income may be required. *The Credit Union will calculate the loan repayment period up to a maximum of six months based on the amount you are able to comfortably repay.

I declare this to be a true statement.

Signature: _____ **Print name:** _____ **Date:** _____

Essex Savers net Credit Union Ltd, 53 New Street, Chelmsford. Essex. CM1 1AT

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Registered under the Credit Union Act 1979 and the Industrial and Provident Societies Act 1965 – Reg. No 710C

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Firm number: 230859

Email*/Fax*/Posted*/Handed in* at Main Office (*delete)

Collector _____