

LINE OF CREDIT APPLICATION FORM

FURTHER DISBURSEMENT



Member
Account No.

Date of
Application

dd mm yyyy

Date of
Membership

dd mm yyyy

Personal Information

First Name

Middle Name

Last Name

Phone No. *Home*

Mobile

Address

Parish

Marital Status

Single

Married

Divorced

Widowed

Separated

Other

Date of Birth *dd mm yyyy*

Dependants

Employer Name

Work Place

Phone No.

Time Employed

Position

Gross Salary

Net Salary

Loan Details

I hereby apply for another disbursement of the Line of Credit of

This Disbursement will be

Security
Offered

Signature of Applicant

Date *dd mm yyyy*



Official Use

Loan No. _____

Financial Status in the Credit Union

Total Current Loan Balance	Income Tax Shares A/C 3 yrs	Loan Balance	
Special Savings	Qualifying Shares	1	2
Income Tax Shares A/C 5 yrs	Fixed Deposits	3	4

Payment Schedule

To Loan	1	2	3	4	To Shares	To Deposits
					Other	TOTAL

Parameters of additional disbursement of the line of credit of _____ Amount This Disbursement will be _____ with _____
 Initial Interest rate of _____ % Current Balance _____ Disbursement _____ Total Loan _____

The Minimum Monthly Repayment will be 2.5 % of amount disbursed, but not less than \$50.00 per month, whichever is higher.

Applicant must be contacted and agree to the above

Reviewed by Loans Officer Yes No Date _____
dd mm yyyy

Approved by Operations Manager Yes No Supported Not Supported

Signed _____

Signed _____

Credit Committee Use

Comments

Approved Rejected

Ratified Date _____
dd mm yyyy

Signed _____