

Harrow Savings and Loans Part of Hillingdon Credit Union Ltd Loan and Member application form



1, Member Details Please complete all sections	s in block capitals. If you ne	ed help, please ask a member	of staff.		
Name		Membership Number			
Address					
			Postcode		
Telephone Number		Mobile Number			
Email Address		@			
Are you: Home Owner					
2, Personal Details	ess for less than 5 years, pie	ease give details of previous a	Julesses in section 10		
Date of Birth (DD MM YY	YY) _	Mai	rital Status		
National Insurance number _		(New members only)			
I am: Employed □ Temporary □ Part time □	Self employed ☐ Fixed Contract ☐ Full time ☐	Permanent ☐ Time with current Employer: Retired ☐ Years Months			
Part time ☐ Full time ☐ Unemployed ☐ Years Months Occupation: Work Telephone / extension					
Name of Employer		·	roll number		
Employer's Address					
Employer 3 Address					
	 		Postcode		
• • •	• • •	•	loyer and National Insurance of previous employment in section 10		
3, Loan Details Loan Amount Required Please contact the office if you want to discuss the loan amount	£	Repayment period	Months		
Purpose of Loan					
Bank Name and Location		Bank Sort Code			

. Loans will normally be paid into your bank account by bank transfer. If you would like the loan paid by cheque or into other accounts (e.g. to repay a credit card) please make this known to the staff



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4, Income and Expenditure			
	Income	£ per month	Expenditur

Income	£ per month	Expenditure	£ per Month
Salary / Wages		Rent / Mortgage	
Benefits		Council Tax	
Pension		Energy (Gas, Electricity, Oil etc.)	
Other (e.g. Child Benefit)		Telephone (inc mobile & broadband)	
		Food (inc eating out)	
		Insurances (home/car/life/ etc)	
		Travel (inc petrol, bus fares etc.)	
		Monthly Loan Repayments (from below)	
		Other (e.g. gym)	
		Credit Union payment	
Total Monthly Income		Total Monthly Expenditure	
BI 1 11 1 1 1 1		4 41 4 16 1	114

Please supply a recent bank statement covering at least one month to verify income and expenditure details

5, Other Loans / Creditors

Creditor	Organisation	Outstanding Balance	Monthly £ repayments
Bank / Other loans			
Credit Cards			
Car Loan			
Overdraft			
Other			
	Total		

6, Life Assurance

The Credit Union offers FREE LIFE INSURANCE up to and including 69 years old. This would repay your loan on the event of your death (please ask for details of terms and conditions). To qualify for the insurance you must comply with the terms and conditions and maintain regular loan and savings payments throughout the Loan Agreement.

and the Prudential Regulation Authority – Firm No 213406

ement.	
If you would like to take advantage of the free life assurance, please tick this box $\ \Box$	
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Auth	ority



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7, Formal 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 contact the Credit Union office).
- I declare that the information I have given on this form is, to the best of my knowledge and belief, accurate and complete.
- 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.
- We may use credit reference and fraud prevention agencies to help us make decisions. A short guide to what we do and how both we and credit reference and fraud prevention agencies will use your information is detailed in the leaflet called: A condensed guide to the use of your personal information by ourselves and at Credit Reference and Fraud Prevention Agencies. If you would like to read the full details of how your data may be used please visit our website at www.Hillingdoncu.co.uk, or request the information via email at info@hillingdoncu.co.uk, or write to us at Credit Union Office, Civic Centre, High Street, Uxbridge UB8 1UW or phone 01895 250958 or ask one of our staff. By confirming your agreement to proceed you are accepting that we may each use your information in this way.

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I declare that I have/I have not* any current or pending County Court Judgments being held against me.						
By ticking this box I confirm receipt of the Depositor Protection Guide						
Introduced by *Delete as appropriate	(New members only)					
First Applicant's Signature	Date of Application					
Second Applicant's Signature (if joint application)	Date of Application					
Please note that if this is a joint application both parties should sign the loan application						
8, Other Information						
We may at times use your details to keep you informed of services available from the credit union. If you do not wish your details to be used for these marketing purposes, please tick this box						
Complete and return this form together with one month's Bank statements to the "Credit Union Office, Civic Centre, High Street, Uxbridge UB8 1UW" or scan and email to info@hillingdoncu.co.uk. If you need help completing the form or have any questions regarding your application, please contact the Credit Union Offices 01895 250958						
New members will also need to provide a copy passport or driving licence or birth certificate with this application						

form.



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9, Previous addresses / Employers

Previous Address	Dates at this a	Dates at this address:		
	From	_(month)	(year)	
	To(n	nonth)	(year)	
Previous Address	Dates at this address:			
	From	_(month)	(year)	
	To(n	nonth)	(year)	
Previous Employer	Dates at this e	employment:		
	From	_(month)	(year)	
	To(m	nonth)	(year)	
Previous Employer	Dates at this employment:			
	From	_(month)	(year)	
	To(m	nonth)	(year)	
No of Dependants – number and ages				

Use an additional sheet if necessary

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