



Form D

**LOAN APPLICATION (NORTHERN IRELAND)
IRVINESTOWN Credit Union Limited**

*Mr / Mrs/ Ms / Other <i>(delete as applicable)</i>		Name:	
Account Number:	D.O.B:	Marital Status:	Note Number:
Address:			
Postcode:		Home phone/Mobile phone number:	
I hereby apply for a loan of £		I propose to pay this back over _____ weeks/months/years	
Purpose of loan:		Installments of _____ weekly/fornightly/monthly of £ _____ plus interest. Total Repayment £ _____	
Guarantor's Details			
ACCOUNT DETAILS			
Share Balance: £		Existing Loan Balance: £	
Amount applied for: £		New total loan balance:£	
EMPLOYMENT DETAILS			
EMPLOYMENT DETAILS			
Status: (self-employed / employee / contract / homemaker / student / retired / unemployed) <i>(delete as applicable)</i>			
Occupation:		Position held:	
Name and address of present employer:		Length of service with present employer: Years and months	
Salary (weekly/monthly)(net pay): £		Average weekly/monthly overtime/bonus(net):£	
OTHER INCOME / WELFARE PAYMENTS (Please specify):-			
HOUSING DETAILS			
Type of Accommodation: Owner / Tenant /Living with Parents / Other <i>(delete whichever does not apply)</i>			
Do you own or rent your house?		Rent <input type="checkbox"/> Own <input type="checkbox"/>	
Amount of rent/mortgage (weekly/monthly)		£	
How long at your present address?		Years and months	
Number of dependants (including children)			

EXISTING CREDITORS AND DEBTS

Please now list all other debts you currently have with any other credit union, bank or loan agency either as borrower, or guarantor. Please list **all** debts, such as loans, including bank overdrafts, credit cards, furniture, wedding, car (including finance plans such as hire purchase (HP) or personal contract purchase (PCP)), holiday loans, housing finance etc. *Please use a separate page if necessary.*

Name of Creditor	Original Debt	Balance Due	Weekly/Monthly (delete as applicable)
	£	£	£

MEMBER DECLARATIONS

I declare that the statements in this application form are complete and true to the best of my knowledge and belief and are made for the purpose of obtaining a loan.	<input type="checkbox"/>
I am not indebted to any other credit union, bank or loan agency either as a borrower or guarantor, except as stated. The statements herein are made for the purpose of obtaining the loan and are true to the best of my knowledge and belief.	<input type="checkbox"/>
I understand that the credit union may rely on the statements made in reaching a decision about my application. I understand that I may be asked for further information in support of my application and that I may be asked for additional security.	<input type="checkbox"/>
I understand that my savings may be secured by attached shares and deposits held as security, the lien that the credit union has over all shares and deposits in my account, and any other agreed security.	<input type="checkbox"/>

HEALTH STATEMENT

I confirm that I am fit to follow my normal occupation or duties	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Signature of Applicant:**Date:** DD/MM/YYYY**FOR CREDIT COMMITTEE/LOANS OFFICER USE ONLY**

Is a Guarantor required as part of this loan application? Yes ☐ No ☐

On DDMMYYYY we approved the loan for -£**Total Loan Approved -£**

Chairperson:	Secretary:	Third Member:
Forth Member:	Supervisor:	Loans Officer



Receipt of obligatory notices by email

There are certain notices that credit unions are obliged to provide from time to time. Please provide your email address if you would like to receive these obligatory, **non-marketing** communications by email (for example notice of the Annual General Meeting). This will assist the Credit Union in reducing its carbon foot print and will also reduce costs.

Email address:

Please note that we maintain the right to contact members by such means as best available to us in relation to a non-performing loan or outstanding debt to the credit union, including by text or email.

Lending Privacy Notice

Please take time to read the lending privacy notice of the credit union which outlines how and why we process your personal data. A copy is available for you to take away and you can access the privacy notice at any time on [www.irvinestowncu.com].

[Please tick here to confirm that you have received a copy of our lending privacy notice ☐

Your Marketing Preferences



As part of improving our service to you, from time to time, we would like to inform you of goods, services, competitions and/or promotional offers available from us. We may wish to use different means when sending such marketing communications. Please now indicate by which methods, **if any**, you consent to being contacted by ticking **Yes** to each method of communication below-

	Yes
Post	<input type="checkbox"/>
Email	<input type="checkbox"/>
Text	<input type="checkbox"/>
Landline call	<input type="checkbox"/>
Mobile call	<input type="checkbox"/>

Signature of applicant

Date: DD MM YYYY

You have a right to notify us free of charge at any time of your right to refuse such marketing by writing to us or by using the "opt-out" options in any marketing message we send you.

Please contact us directly should you wish to change or withdraw your consent.

33-41 Lower Mount St. Dublin 2 | Phone +353 1 6146700 | Fax +353 1 6146702

The Loan Protection Insurance Policy exists solely between ECCU Assurance and the Credit Union.
 Credit Union staff should ensure the member completes the form in line with Loan Protection Summary Guidelines.

Irvinestown Credit Union Ltd

Contact Name

IMPORTANT – Informing ECCU about material facts

PLEASE REMEMBER THAT YOU MUST TELL US EVERYTHING RELEVANT IN ANSWER TO ALL OF THE QUESTIONS ON THE DECLARATION FORM. IF YOU DO NOT OR IF ANY OF THE ANSWERS TO THESE QUESTIONS ARE NOT TRUE AND COMPLETE, ANY INSURANCE COVER PROVIDED COULD BE VOIDED. A MATERIAL FACT (RELEVANT INFORMATION) INCLUDES ANYTHING WHICH A REPUTABLE INSURER WOULD REGARD AS LIKELY TO INFLUENCE THE ASSESSMENT AND ACCEPTANCE OF AN APPLICATION FOR INSURANCE.

Section A - Member Declaration (Parts 1 to 4 inclusive)

Part 1 Personal Details (please use block letters)

Member's Name	A/C Number	Date of Birth / /
Present outstanding loan balance €/£	Additional loan now required €/£	Total loan balance for cover €/£

Data Protection Disclosures and Consents

ECCU Assurance DAC ("ECCU") will process your personal details in accordance with its Data Protection Policy and all applicable Irish and EU data protection laws. Information about you will be lawfully processed by ECCU in its legitimate interests for purposes associated with your credit union's life assurance policy with ECCU. These include underwriting, retention and processing by computer and manual record systems, claims handling and fraud prevention. We collect special category personal data, i.e. information relating to your physical or mental health, to assess terms of insurance cover and to administer claims which may arise. We may share your information for these purposes with agents or service providers we have appointed, regulatory organisations, (re)insurance companies, those to whom we outsource certain business operations and as required by law. You have rights under the Data Protection Acts 1988, 2003 and 2018, including the right to object to the processing, to access and to rectify any errors in data we hold concerning you. By providing us with your information and signing Section A of this form, you affirm you have read the full ECCU Privacy Notice in Section F and agree you your information being processed, disclosed, transferred and retained by ECCU and your credit union.

Part 2

Which of the statements below best describes your normal occupation or duties?

- ☐ **Working** – means actively at work and regularly performing all the usual duties of your occupation; or
 – not actively at work solely because of a temporary minor sickness or injury; or
 – not actively at work solely because of maternity leave, parental leave, redundancy, unemployment or other lack of work, strike or holiday provided that you are at that time physically and/or mentally able to be active at work and can regularly perform all the usual duties of your occupation
- ☐ **Retired** – means someone who is retired from paid employment (other than on ill health grounds) and able to carry out the normal duties of a retired person
- ☐ **Student** – means a full time education student, aged 16 years or older actively and regularly performing all of the usual activities of a student of the same age
- ☐ **Homemaker** – means a housewife, househusband or homemaker actively and regularly performing all of the usual duties of a homemaker
- ☐ **None of the above**

Part 3

I confirm I am fit to follow my normal occupation or duties (as indicated in Part 2). ☐ Yes ☐ No

Part 4

Are you receiving an illness or injury related benefit for more than 3 months? ☐ Yes ☐ No

Member's Signature _____ Date _____ / _____ / _____

Section B - Specialist Declaration

Have you been referred to or seen by a specialist or consultant at a hospital or clinic in the last 12 months with the exception of routine antenatal check-up's or routine orthopaedic treatments (except back conditions)? ☐ Yes ☐ No

Member's Signature _____ Date _____ / _____ / _____