

LOAN APPLICATION FORM

Account/Member Number

Date

PLEASE COMPLETE IN BLOCK CAPITALS

1. PERSONAL DETAILS

Name			
Current Address (include Eircode)		Previous Address (if less than 3 years current address)	
Date of Birth		No of dependents	
Home Number		Mobile	
Email			
Preferred method of contact	Mobile ☐	Home Number ☐	Marital Status Single ☐ Married ☐ Other ☐ (Please tick) If Other please Specify

2. EMPLOYMENT DETAILS

Employer Name			
Employer Address			
Grade		Position	Temporary ☐ Permanent ☐ Contract ☐ Retired ☐ (Please tick)
Work Email			
Length of Service		Work Number	

3. LOAN DETAILS

Amount of new loan	€	OFFICE USE ONLY
Purpose of loan		
Loan Repayment	€	
Amount to Shares	€	
Amount to Linked Account	€	
Flexi Account	€	
Total Salary Deduction*	€	
Repayment	Weekly ☐ Fortnightly ☐ Monthly ☐	Loan 1 € Loan 2 € Shares € Linked A/C € Flexi € Total € Address ☐ Phone No ☐ Mobile No ☐ DAS ☐ S.O ☐ DD ☐ Signed:

*(This figure to include loan repayment/interest/savings)

4. INCOME DETAILS

Net Salary (before Credit Union deduction)

Self € per week ☐ per fortnight ☐ per month ☐

Other Income please specify)

€ per week ☐ per fortnight ☐ per month ☐

5. MORTGAGE / RENT DETAILS

Accommodation type mortgaged ☐ owned ☐ rented ☐ other (please specify)

Amount of rent € per month

Mortgage provider

Amount Borrowed € Current Balance € Repayments €

Do any of the following arrangements apply to your mortgage repayments?

interest only / arrears capitalised / reduced mortgage payment / or in any forbearance

If yes please provide a copy of the agreement

Yes ☐ No ☐

6. CREDIT COMMITMENT

I declare that I am not indebted to any other credit union, bank or loan agency either as a borrower or guarantor, except as listed below.

List all outstanding debts such as Bank Loans, Bank Overdraft, Credit Cards, Hire Purchase Instalments etc.

Name of Creditor	Original Debt	Current Balance	Repayments (weekly / fortnightly / Monthly)
	€	€	€
	€	€	€
	€	€	€
	€	€	€

7. DATA PROTECTION AND PRIVACY STATEMENT

In order to assess your application, we require certain sensitive personal information relating to your health as detailed in this form. You do not have to provide this information but it may not be possible to provide you with the requested service / product if you do not provide this information. By signing below, you are explicitly consenting to the use and retention of this sensitive personal data by the Credit Union.

X Member's Signature Date

You have the right to withdraw this consent at any time by contacting us by letter or email info@pscu.ie. We will process this information in accordance with the Privacy Statement which is available on our website and in our office.

8. HEALTH DECLARATION

I declare that to the best of my knowledge and belief, I am in good health and I am fit to follow my normal occupation. Yes ☐ No ☐ (Tick appropriate box).

X Member's Signature Date

9. PPSN

PPSN

The credit union is required under law to record your PPSN as part of your credit application and provide it to the Central Credit Register. We may need you to provide documentary evidence (e.g. Payslip, Tax Credit Certificate) to enable us validate the number. In addition, to save you having to provide this information again in the future, we may use it for other purposes where authorised under relevant legislation (e.g. DIRT returns).

10. CENTRAL CREDIT REGISTER

NOTICE: Under the Credit Reporting Act 2013 lenders are required to provide personal and credit information for credit applications and credit agreements of €500 and above to the Central Credit Register. This information will be held on the Central Credit Register and may be used by other lenders when making decisions on your credit applications and credit agreements.

The Central Credit Register is owned and operated by the Central Bank of Ireland. For more information see www.centralcreditregister.ie

11. FREE COMPULSORY LOAN PROTECTION INSURANCE - SEE PAGE 4

12. DOCUMENTS REQUIRED

Please supply:

Your last 3 pay slips ☐ 3 months up to date bank statements ☐

If we do not hold the following items on file - you will be required to supply: Copy of Passport/Drivers licence ☐ Recent Utility Bill ☐ Proof of PPSN ☐

13. LOAN ISSUE OPTIONS

Please indicate your preferred payment option: Post to home address ☐ Lodge to bank account ☐ Collect at Credit Union Office ☐

Name of Bank

Name of Account Holder(s)

IBAN:

BIC:

These will be available from your bank statement or your bank

WARNING: IF YOU DO NOT MEET THE REPAYMENTS ON YOUR CREDIT AGREEMENT, YOUR ACCOUNT WILL GO INTO ARREARS. THIS MAY AFFECT YOUR CREDIT RATING, WHICH MAY LIMIT YOUR ABILITY TO ACCESS CREDIT IN THE FUTURE.

OFFICE USE ONLY

Loan considered and approved by

Subject to the following conditions

Reason Loan Approved

Approved by

Credit Officer

☐

Credit committee

☐

Board of Directors

☐

CEO

☐

Total loan approved:

€

Refused by

Credit Committee

☐

Board of Directors

☐

Date

DECLARATIONS LOAN PROTECTION INSURANCE

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.

Public Service Credit Union

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 DECLARATIONS 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 interest 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 a 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 to your information being processed, disclosed, transferred and retained by ECCU and your credit union. (The full ECCU Privacy Notice is available at www.pscu.ie/downloads)

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

X

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-ups or routine orthopaedic treatments (except back conditions)? Yes ☐ No ☐

If you have answered "YES", Please provide full details:

X

Member's signature

Date