



LOAN APPLICATION FORM

✉ Caledfryn Credit Union Ltd
19 Bridge Street, Denbigh, LL16 3LF
☎ 01745 817444
💻 info@caledfryncu.co.uk

LOAN No: _____

Please Note we require

Proof of all your income: - your last 3 Pay Slips, Benefit Books, Housing Benefit/Council Tax Benefit Notification, Tax Credit Notification.

Proof of expenditure: - your last 2 Bank Statements (if applicable)

Rent Book / Mortgage Statement / A Utility Bill (within the last 3 months)

Statement / Repayment Book for other debts/loans (if applicable)

Name: _____ Mem No: _____

Address: _____ Post Code _____

Tel: _____ Date of Birth: _____ National Insurance No. _____

Married/Single/Partner No of children _____ Ages _____ Are you a house owner outright

or a lodger or living with parents or renting or in temporary accommodation or are you buying

If yes what is the estimated value of your house £ _____ How much do you owe on your mortgage £ _____

How long have you lived at your present address? _____ Years (If less than 3 years please give previous address)

Are you Employed: Permanently Temp / Short Term Contract Self employed Unemployed Retired

Occupation: _____ How long have you worked in your present job _____

Employer's Name: _____

Employer's Address: _____

Purpose of Loan: _____ Date Loan Required (not asap) _____

Amount Requested: _____ (Plus Existing Loan Balance) _____ Total: _____ What is your share balance _____

I wish to repay my loan by instalments of £ _____ per week / fortnight / month over _____ weeks /

fortnights /months **and** I will continue to save £ _____ per week / fortnight / month

I wish to pay my loan by Standing Order/Payroll Deductions (check with office first)/Cash at Bridge St/Collection Point

If loan approved, do you want cash (max £200) / cheque and where will you collect it from? _____

Who else do you owe money to? (Please list all loans, credit cards, catalogues, hire purchase etc)

Name of Creditor/Lender	Purpose of Loan	Limit	Original Amount	Balance Owing	Weekly/Monthly Repayments

