



CONSUMER LOAN APPLICATION

Branch: _____

Date: _____

Applicants' Name	Account Number	Date of Birth	National Insurance Number
Applicants' Address & P. O. Box	Passport / Voter's Card / Driver's License		Expiration
P.O. BOX	Home Phone Number		Cell Phone Number
Email Address	Work Phone Number		Monthly Salary
Place of Employment	Department		Other Income
Address of Employer	Position		Years on Job
Previous Employer (If less than two years with present employer)	Reason for Leaving		
Co-Applicants' Name	Date of Birth	National Insurance Number	
Co-Applicants' Address & P. O. Box	Passport / Voter's Card / Driver's License		Expiration
	Home Phone Number ()		Cell Phone Number
Email Address	Work Phone Number ()		Monthly Salary
Place of Employment	Department		Other Income
Address of Employer	Position		Years on Job
Previous Employer (If less than two years with present employer)	Reason for Leaving		

List of Personal References

Name	Address	Phone # (Home/Work)	Relationship
Name	Address	Phone # (Home/Work)	Relationship

Personal Statement of Affairs

Assets		Liabilities	
REG. SHARE SAVINGS			
QUALIFYING SHARES			
CONSUMER LOAN ESCROW			
AUTO			
HOUSE HOLD & PERSONAL EFFECTS			
REAL EST			
Total Assets	\$0.00	Total Liabilities	\$0.00
Net Worth (Total Assets – Total Liabilities)	\$0.00	Total Liabilities & Net Worth	\$0.00

Details of Existing Loans

Loan Description	Financial Institution (Lender Name)	Date of Loan	Original Amount	Present Balance	Monthly Payment
				Total Monthly Payments	\$0.00

Details of Property Owned

Location	Type (Developed/Undeveloped)	Purchase Price	Present Value	Balance Owning	Date Purchased

I certify that the information provided on this application is accurate and authorize National Workers Co-operative Credit Union to obtain information from my creditors and/or my employer. I further understand that this is only an application and I may be required to provide additional information for the processing of this request.

Applicant _____ Date _____

Witnessed _____ Date _____

Co-Applicant _____ Date _____

Witnessed _____ Date _____

Bank Use Only**CSR Remarks/Recommendation****Approving Officers Remarks**

Existing Loan Balance	Share Balance	Loan Purpose			Security
Amount Requested	Interest Rate	Term	Monthly Payment	Loan to Value Ratio	Debt Service Ratio
Total Amount of Loan \$0.00	Present Deduction	Deduction Required	Increase/Decrease	Account #	Score Rating
Approved by		Date	Amount Approved	1 st Payment Date	Check #



**NATIONAL WORKERS CO-OPERATIVE CREDIT UNION LIMITED
COMPLIANCE FORM**

BRANCH: MAIN BRANCH

ACCOUNT NUMBER: _____

NAME: _____

ADDRESS: _____

DIRECTIONS: _____

P.O. BOX: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

NATIONALITY: _____

COUNTRY OF RESIDENCE: _____

PASSPORT#: _____

EXPIRY DATE: _____

VOTERS CARD#: _____

NATIONAL INSURANCE#: _____

N.B. PLEASE ATTACH REVELANT PAGES OF YOUR PASSPORT ALONG WITH A COPY OF YOUR NATIONAL INSURANCE CARD AND A COPY OF A UTILITY BILL WITH THE PERMANENT HOME ADDRESS. IN THE ABSENCE OF A VALID PASSPORT, A COPY OF YOUR VOTERS CARD MAY BE ATTACHED TO THIS FORM.

NON BAHAMIAN NATIONALS MUST PROVIDE ALL OF THE ABOVE DOCUMENTS ALONG WITH A COPY OF A VALID WORK PERMIT AND/OR RESIDENCE CERTIFICATE:

PERMIT#: _____

EXPIRY DATE: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____

PURPOSE OF ACCOUNT: _____

SOURCE OF INCOME: _____

POTENTIAL ACTIVITY: _____

SALARY DEDUCTION: _____

DEPOSITS: _____

IF SELF-EMPLOYED or OWNER OF A BUSINESS -DESCRIBE NATURE OF BUSINESS: _____

TYPE OF BUSINESS: _____

BUSINESS LICENCE #: _____

EXPIRY DATE: _____

DECLARATION:

I

DO HEREBY DECLARE THAT THE INFORMATION

GIVEN IS CORRECT AND TRUE AND GIVE AUTHORITY TO NATIONAL WORKERS CO-OPERATIVE CREDIT UNION LIMITED TO CONDUCT FURTHER VERIFICATION FROM EXTERNAL SOURCES ON ANY INFORMATION PROVIDED.

I FURTHER DECLARE THAT ALL DEPOSITS TO THE ACCOUNTS ARE AND WILL BE BENEFICIALLY OWNED BY ME AND: **NO ONE ELSE.**

DATED THIS DATE: _____

DAY OF _____

**SIGNATURE OF
DECLARANT:** _____

**WITNESS NWCCUL
REPRESENTATIVE:** _____



NATIONAL WORKERS CO-OPERATIVE CREDIT UNION LIMITED
MEMBERSHIP APPLICATION FORM

I hereby apply for membership in the name of National Workers Co-operative Credit Union Limited

NAME:

MR.

MRS.

MS.

ADDRESS:

Travelling on the eastern road turn into Mt. Vernon, take 4th corner on left 1st right, pink and green condo.

HOME PHONE:

WORK#:

CELL#:

P.O. BOX:

EMAIL:

MARTIAL STATUS:

SINGLE

MARRIED

COMMON LAW

DIVORCED

WIDOWED

EMPLOYER:

DEPARTMENT:

WORK PHONE#:

EXT:

NIL

Which forms the "common bond" for membership in the said Credit Union. I hereby agree to abide by the Bye-Laws now in force or any which may be made hereafter.

N.I.B.#:

EMPLOYEE#:

OCCUPATION:

DATE OF BIRTH:

DATE OF APPLICATION

SIGNATURE OF APPLICANT:

NAME AND ADDRESS OF NEAREST RELATIVE (NOT LIVING WITH YOU)

NAME:

RELATIONSHIP:

ADDRESS:

P.O. BOX:

HOME PHONE

CELL:

NAME AND ADDRESS OF NEAREST RELATIVE (NOT LIVING WITH YOU)

NAME:

RELATIONSHIP:

ADDRESS:

P.O. BOX:

NIL

HOME PHONE

CELL:

RECOMMENDED BY: