



NATIONAL FARMERS' & GENERAL WORKERS CO-OPERATIVE CREDIT UNION SOCIETY LTD.

REF:.....ACC#:.....Application Date:.....Office:.....

Name of Applicant:..... Christian Name Middle Name Surname

Alias:.....

Date of Birth:..... Age:..... NIS #:.....

Marital Status: Singly Common-Law Married Divorced Separated Widowed

Home Address:..... How long:

Directions:

Mailing Address: Home Phone no.:

Occupation:..... Other Specified:..... Grade/Position:.....

E-mail Address: Cell#.....

Work Address: Work Tel. No.:

Employer: How long:

Work Status: Temporary Permanent Contract Self Employed Retired

Employment History	Name of Employer	From	To	Reason for Termination/ Resignation

Name of Spouse/Next of Kin: Tel. No.:

Mailing Address of Spouse/Next of Kin:

Reference (not living with you): Tel. No.:

Address of Reference:

Total Amount Applied For(\$). Dollars

(1) Refinance (NFGWCCU) Principle & Interest (\$.....)(Total Obligor \$.....)

(2) New Loan Purpose.....(\$.....)

Shares\$.....Shares1\$.....Deposit\$.....P. Shares\$.....Shares Pledged\$.....

Loan Balance\$.....Loan Balance\$.....Security.....Security.....

Document Attached: 1).....2).....3).....

4).....5).....6).....

7).....8).....9).....



Contract Details:

Issuer:	Contact Person:	Address:
Telephone:	Contract #:	No. of Phases
Contract Value:	Contract Duration:	Sight Location (s):



Vehicle Details:

Type Of Vehicle:	Reg No.:	Value Of Vehicle:
Chassis No.:	Model:	Engine No.:
Year Of Manufacture:	Capacity:	Name Of Valuer:
Insurance Company:	Dated Insured:	Expiry Date:



Farm Details:

Location Of Farm:	Block & Parcel #:	Farmer Registration#:
Farm Acreage-this Project:	No. of Employees:	Farm Topography:
Land Ownership:	Crop:	Livestock:



Property Details:

Property:	Block & Parcel#:	Location Of Property:
Size Of Property	Market Value Of Property:	Forced Sale Value:
Owner Of Property:	Date Of Valuation	Land Valuer:



Business Details:

Type Of Business:	Reg No.:	Business Name:
Business Name:	Business Ownership:	Phone(Office):

DEBT SERVICE RATIO

INCOME

Gross Monthly Income	\$		
Other Income 1 (Source):	\$		
Other Income 2 (Source):	\$		
Total Monthly Income		\$	
Monthly Expenditure			
PAYE & NIC	\$		
Insurances (life/medical)	\$		
Union Dues (membership)	\$		
	\$		Loan/HP Balance
NFGWCCU Loans	\$		
Other:	\$		
Number of Dependents:			
Loans with Other Institutions			
1)	\$		
2)	\$		
3)	\$		
Hire Purchase	\$		
Total Debt Service Expenses		\$	
Available Income After Debt			\$
Debt Service Ratio			%
Potential NFGWCCU Payment & DSR	\$	\$	%
Living Expenses	\$		
Food	\$		
Utilities	\$		
Transportation/Fuel	\$		
Total Living Expenses		\$	
Total Monthly Expenses		\$	
Available Income After Total Monthly Expenses			\$
Ratio With Living Expenses			%
Attestation	Potential Available Income After Total Expenses with Ratio	\$	%

I hereby declare that I am not indebted to any other Credit Union, Bank or Loan Agency either as Co-maker or Endorser except as stated on thisform. I hereby declare that the forgoing statements are true and correct and have been made by me knowing that Officers of the Credit Union will place reliance on them when considering my application. The Officers are hereby authorized to obtain any information they may require relating to this application from any source to which they may apply and each such source is hereby authorized to provide them with such information. I undertake to notify the Credit Union immediately of any situation which materially changes the representation made in this application for the loan.

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Witness – Credit Officer

To be Completed by Credit Officer

Share Balance \$..... Loan Balance \$..... Fixed Deposit \$.....

Loan Code	Date Approved	Security	Total Amount	Balance	Monthly Repayment	Period of Repayment	Loan Status
• Loans Status: In Good Standing (A)			Rescheduled (B)		Delinquent (C)		
• Security: Shares (SO) (S1)			Character (CS)		Bill of Sales (BS)	Mortgage (M)	Other (O)

National Farmers & General Workers Co-Operative Credit Union Society Ltd.

Promissory Note

For the value received, I/We as principal and and as co-maker(s)/guarantor, waiving my/our right of demand and notice, singly/jointly promise to pay the NFGWCCU Ltd, the sum of (\$.....) dollars made up of (\$.....) being the present loan balance and **the new application of \$.....**; with interest to be charged at the rate of percent on the monthly reducing balance, the first payment of \$..... interest and principle \$..... security shares \$..... permanent shares \$..... be made on/...../20..... for consecutive months there after until the full amount has been paid.

Upon default of payment of any installment of this note or in the event money borrowed on this note is not used for the purpose set forth in this application, or in case of misrepresentation or misstatement made by the borrower or co-maker in obtaining this loan or in case the holder shall deem the security thereof unsafe for any reason whatsoever, then this note, or so much here of as may remain unpaid, shall at the option of the holder immediately become due and payable. **In the event of the non-payment of this obligation I/we hereby authorize the Treasurer to apply any or all such shares, deposits, fixed deposits, or any other such collateral/security, to the payment of this loan, interest, costs or expenses.** Also, if the holder thereof after default shall place this note in the hand of its solicitors (or licensed collection agency) for collection, the undersigned agree(s) to meet all penalty costs as well as other costs related to the collection of the outstanding balances.

In the event of termination of my service by me or my employer, I undertake to authorize my employer to deduct the unpaid balance of this loan from all or any monies due to me at the time of such termination and if the said amount is not paid I shall further authorize my new employer within or outside St. Lucia to pay the unpaid balance of this loan, to the National Farmers' and General Workers Co-operative Credit Union Society Limited (NFGWCCU) whether demanded by the Credit Union or not.

Monthly Payment: \$..... Method of Payment.....

SIGNATURE:..... Date:
Applicant

SIGNATURE:..... Date:
Co-Maker/Guarantor

SIGNATURE:..... Date:
Co-Maker/Guarantor

SIGNATURE:..... Date:
Witness/Credit Officer

National Farmers & General Workers Co-Operative Credit Union Society Ltd.

CO-MAKER'S INFORMATION

Co-Maker 1:.....

Co-Maker 2:

A/C No.:

A/C No.:.....

Address:.....

Address:

Share Balance: \$.....

Share Balance: \$.....

Loan Balance \$.....

Loan Balance \$.....

Security:.....

Security :.....

I am presently endorsing another loan on A/C# _____

I am presently endorsing another loan on A/C# _____

Amount previously endorsed \$.....

Amount previously endorsed \$

Amt. desirous of co-making in this instance \$.....

Amt. desirous of co-making in this instance \$.....

ID #.....

ID#.....

Occupation :.....

Occupation :.....

Employer:.....

Employer:.....

Length of Employment :.....

Length of Employment :.....

Monthly Income \$.....

Monthly Income \$.....

Monthly Expenses \$.....

Monthly Expenses \$.....

Contact Number :.....

Contact Number :.....

Signature.....

Signature.....

.....
Signature of Credit Officer

Member Creditworthiness

Member Name:

Account Name:

Loan Amounted Requested: \$.....

Date:

5 C's	Member Creditworthiness Rating				
	Poor (1)	(2)	(3)	(4)	Excellent (5)
Character					
Capacity					
Capital					
Collateral					
Conditions					

Loans Officer Comments

Reasons for Granting Loan if Debt Service Ratio is Over 65%

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Signature of Credit Officer

Comments of Credit Officer/Manager

DECISION

We the Credit Committee/Board of Directors/Joint Committee considered this loan application [Acc. No.] dated for the amount of dollars and cents [\$.]

Approved the Loan

Approved the Loan on condition

Denied the Loan

Condition _____

CC BD JC

Reason for denial _____

CC BD JC

Credit Committee

Date

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Board of Directors

Date

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Supervisory Committee

Date

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Comments or Instructions of Credit Committee/Board of Directors/Joint Committee

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FOR OFFICIAL USE ONLY

Previous loan balance \$.....

New loan amount \$.....

Total new loan \$.....

Monthly Payments \$..... Principle & Interest \$.....

Security Shares \$..... Permanent Shares \$..... # of Months:.....

Maturity Date:..... Share \$..... Shares Pledged \$.....

Other security Other security.....

I the Credit Officer/Manager approve this loan application. REF #..... ACC#.....

Loan Amount (\$.....)..... Dollars

Manager/Credit Officer Date.....

Disbursement Authorized by Date.....

DISBURSEMENT SCHEDULE

DATE	VOUCHER NO.	CHEQUE NO.	PAYEE	CHEQUE AMT.	CASH AMT.	TRANSFER AMT.	BALANCE	DISBURSER

Received by..... Date.....

ID / Driver's License / Passport #.....

STATEMENT OF INSURABILITY

This Statement of Insurability is required by the Group Loan Protection Insurance Policy issued to your Credit Union. It will be used to determine if you are eligible for coverage for your loan. Please print and answer all questions.

1. Name and mailing address of your credit union: *National Farmer's & General Workers Co-operative Credit Union P.O. Box 1717*

2. Your Name _____ 3. Date of Birth _____
Day month Year

3. Have you received during the last 12 months a medical diagnosis, consultation or any care or treatment including taking medication, for:

- a. Cancer/tumor, high blood pressure, heart disease, lung disease, or blood vessel disease Yes No
- b. Spinal disease/injury, joint disease/injury, or mental/nervous disorder. Yes No
- c. Any other disease/injury Yes No

5. Have you received medical advice, treatment or blood tests in connection with AIDS, or any AIDS related condition or Hepatitis B? (Testing for insurance/employment purpose may be discounted). Yes No

6. Please give complete details (i.e. diagnosis, treatments and dates, blood pressure readings and dates, medications and reasons taken, etc.) for any items checked

"Yes" _____

7. Are you receiving any mobility or disability benefit of any kind? Yes No
If "Yes", please indicate type of benefit and nature of illness or injury: _____

8. Has a total and permanent disability claim ever been paid by CUNA Mutual on your behalf in any Credit Union?

Yes No If "Yes", please indicate Credit Union, date claim paid and nature of illness or injury:

9. Current Loan Balance: _____ 10. Amount applied for: \$ _____

11. Date of your Loan: _____
Day Month Year 12. Term of Loan: _____ Months

The above information is true and complete to the best of my knowledge and belief. This information is given as a condition of obtaining coverage with respect to my loan. I understand if I have checked "yes" to any of the items, I am not eligible for coverage unless it is approved in writing by CUNA Mutual. If I have checked all "no" answers, I will receive a Certificate of Insurance and coverage will start subject to the Age Limit, Amount Limit and all other terms and conditions of the Group Policy. I have read and understand this entire Statement of Insurability. All information stated is true and complete to the best of my knowledge and belief.

Date _____ Member's Signature _____
Day Month Year

Coverage Disapproved-Date _____ Coverage Approved-Date _____
Day Month Year Day Month Year

By _____ By _____

Title _____ Title _____

Notice: This Statement of Insurability must be maintained in the Member's Loan File and submitted if a claim is incurred.