THE INSURANCE EMPLOYEES CO-OPERATIVE CREDIT UNION LIMITED

APPLICATION

LOAN SECURED BY SHARES AND/OR OTHER IECCU SAVINGS

Date: _____ Name: _____TRN_____ A/C#. _____

Home Address: _____

Telephone: (h) _____(c) _____ (w) _____ (o) _____

Nationality:_____ ID Type & No. _____ Exp. Date: _____

Employer's Name: _____ Employer's Address: _____

_____ Loan Amount Requested: $_____

Purpose of Loan: _____ Repayment Period (months):_____

Monthly/Weekly Salary $ _____ Other Income $ _____ State Source of Funds_____

Email Address: _____ Applicant's Signature: _____

For Credit Union Use Only

Deposits Balances

Shares $_____

Deposit $_____

Golden Harvest $_____

Term Deposit $_____

Other $_____

Other $_____

Other $_____

Other $_____

Other $_____

Loan Balances

Loan $_____

Loan $_____

Loan $_____

Loan $_____

Loan $_____

☐ **Summary sheet attached for additional balances**

New Allocation

	Amount