



LOAN APPLICATION FORM

(please complete all sections in BLOCK CAPITALS)

How did you hear about us for loan purposes ?

Promo Flyer Social Media Word of Mouth Ad in office Radio Other: _____

MEMBERS PLEASE NOTE THIS COMPLETED LOAN APPLICATION SHOULD BE ACCOMPANIED BY COPIES OF:

- 2 Most recent payslips or Social Welfare payment slips
- 3 Months bank statements (incl. Current Account, Revolut) dated within the last 3 months. Statements on other bank accounts held may be requested.
- If self employed or a Company Director, Self Assessment Chapter 4 Annual Income Tax Return and Tax Clearance AND/OR a copy of your most recent set of Accounts accompanied by a Tax Clearance Certificate
- Up to date photo ID & address verification (dated within the last 3 months)
- Evidence of PPS number (Personal Public Services card cannot be accepted as proof of same)

Forms can be returned via email to lending@linkcu.ie or alternatively dropped into one of our 3 offices.

THE CREDIT UNION RESERVES THE RIGHT TO LOOK FOR ADDITIONAL INFORMATION IF REQUIRED. IN THE CASE OF A LOAN IN JOINT NAMES OR WHERE A GUARANTOR IS REQUIRED THE ABOVE INFORMATION MUST BE PROVIDED BY BOTH PARTIES TO THE LOAN.

1. LOAN DETAILS

I/We hereby apply for a loan of €	For the purpose of: *REQUIRED
With repayments of €	To be paid: Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Term: Paid back within:	months/years. Do you wish to top-up your existing loan? Yes <input type="checkbox"/> No <input type="checkbox"/>

2. PERSONAL DETAILS

FIRST APPLICANT

SECOND APPLICANT Spouse/Guarantor (if applicable)

Account Number:
Name:
Nationality: Stamp 4 Visa Expiry Date:
Date of Birth:
Address:
Contact Number:
Marital Status: *REQUIRED Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Co-Habiting <input type="checkbox"/> Widowed <input type="checkbox"/> Other: <input type="checkbox"/>
No. of dependents (including children):
Maiden Name:
Email Address:
Member of another Credit Union (please circle) YES / NO If YES please give name of Credit Union:
Accommodation Details: *REQUIRED Home Owner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Parents <input type="checkbox"/> Relatives <input type="checkbox"/> Other:
If less than 3 years at present address, please indicate previous address:

Account Number:
Name:
Nationality: Stamp 4 Visa Expiry Date:
Date of Birth:
Address:
Contact Number:
Marital Status: *REQUIRED Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Co-Habiting <input type="checkbox"/> Widowed <input type="checkbox"/> Other: <input type="checkbox"/>
No. of dependents (including children):
Maiden Name:
Email Address:
Member of another Credit Union (please circle) YES / NO If YES please give name of Credit Union:
Accommodation Details: *REQUIRED Home Owner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Parents <input type="checkbox"/> Relatives <input type="checkbox"/> Other:
If less than 3 years at present address, please indicate previous address:



KINGSCOURT | BAILIEBOROUGH | MOYNALTY | COOTEHILL

Web: www.linkcu.ie Tel: 042 967 5000 Email: info@linkcu.ie

Link Credit Union Limited is regulated by the Central Bank of Ireland

3. EMPLOYMENT DETAILS

FIRST APPLICANT

Occupation:
Position Held:
Employer Name:
Employer Address:
Date Employment Commenced: *REQUIRED / /
Employment Type: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/>
If self-employed please provide Business Name AND Address:
Business Description:
Date business commenced:

SECOND APPLICANT Spouse/Guarantor (if applicable)

Occupation:
Position Held:
Employer Name:
Employer Address:
Date Employment Commenced: *REQUIRED / /
Employment Type: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/>
If self-employed please provide Business Name AND Address:
Business Description:
Date business commenced:

4. INCOME DETAILS

FIRST APPLICANT

Salary (Take home pay) €
Payment Frequency:
Social Welfare: (Type of Payment) Pension <input type="checkbox"/> FIS/WFP <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Carer <input type="checkbox"/> Lone Parent <input type="checkbox"/> Other: (please specify)
Additional Income (please specify):

SECOND APPLICANT Spouse/Guarantor (if applicable)

Salary (Take home pay) €
Payment Frequency:
Social Welfare: (Type of Payment) Pension <input type="checkbox"/> FIS/WFP <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Carer <input type="checkbox"/> Lone Parent <input type="checkbox"/> Other: (please specify)
Additional Income (please specify):

5. ONGOING COMMITMENTS

FIRST APPLICANT

Repayment Amount / Frequency		Outstanding Balance	Provider
Rent/Mortgage	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Credit Card	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Bank Loan	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Car Loan/Lease	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Other CU Loan	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Bank Overdraft	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Store Finance	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Other Loans	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		

SECOND APPLICANT Spouse/Guarantor (if applicable)

Repayment Amount / Frequency		Outstanding Balance	Provider
Rent/Mortgage	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Credit Card	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Bank Loan	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Car Loan/Lease	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Other CU Loan	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Bank Overdraft	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Store Finance	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Other Loans	€ <input type="text"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		

6. ADDITIONAL INFORMATION

If you have anything further that you wish to add that may assist with your application please fill it in below:

7. Declaration (please read before signing)

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.

WARNING: Your home is at risk if you do not keep up payments on a mortgage or any other loan secured on it.

CENTRAL CREDIT REGISTER

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

CORRESPONDENCE AND DEBT RECOVERY

Please note: the Credit Union maintains the right to contact you by such means as best available to it in relation to a non-performing loan or outstanding debt to the Credit Union.

8. MEMBER DECLARATION

1. I/we are over 18 years of age.
2. I/we agree that there will be no further loan applications for at least 6 weeks following the date of application drawdown.
3. I/we understand that this loan application and any subsequent loan offer is valid for 90 days from the date of approval.
4. I/we understand that the repayment associated with this loan application is not protected by Repayment Protection Insurance.
5. I/we declare that I/we are not indebted to any other credit union, bank, building society or loan agency either as a borrower or guarantor except as stated.
6. I/we confirm that I/we have the financial means to repay this loan and that it will be used for the purpose stated overleaf and I/we will inform Link Credit Union Ltd of any changes which may affect my/our financial situation.
7. I/we confirm to understand that my/our pledged shares at loan issue will be held as security for the duration of this loan.
8. I/we confirm the statements made and particulars given to Link Credit Union Ltd in connection with this loan application including all supporting documentation are strictly true to the best of my/our knowledge and belief.

Signed:
FIRST APPLICANT

Signed:
SECOND APPLICANT

9. DATA PROTECTION AND PRIVACY STATEMENT

By signing and submitting this loan application form, you acknowledge that your personal data (as defined in the Data Protection Acts 1988 to 2018 (as amended), will be processed by Link Credit Union Ltd. (the "Credit Union") for the purposes of administering and assessing your application, and if your application is successful, for the purposes of servicing your credit agreement with the credit union. As part of the application and assessment process and ongoing administration of your credit agreement we may disclose your personal data to the Central Credit Register and other credit reference agencies for the purpose of obtaining credit references and determining your credit rating and assessing your creditworthiness. We may also disclose details of any transaction which may result from your application to the Central Credit Register, who may record, retain and disclose such data to their members. Furthermore, the Credit Union may also disclose personal data to third parties for the purpose of debt recovery. For further information on your data protection rights, please visit our website at www.linkcu.ie or visit www.dataprotection.ie

For matters in relation to data protection please contact dataprotection@linkcu.ie

Please take time to read the lending privacy notice of Link Credit Union Ltd. which outlines how and why we process your personal data.

A copy is available for you to take away or you can access the privacy notice at any time on www.linkcu.ie

Signed:
Date:
FIRST APPLICANT

Signed:
Date:
SECOND APPLICANT



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.

Credit Union Name	Contact Name
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IMPORTANT - Informing ECCU about material facts

PLEASE REMEMBER THAT YOU MUST TELL US EVERYTHING RELEVANT IN ANSWERS 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 interests 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 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.

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

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-up's or routine orthopaedic treatments (except back conditions)? Yes* No

*If you have answered "YES", please provide full details on the next page

Member's Signature _____ Date _____ / _____ / _____