



Loan Application Form

Members please note this completed loan application should be accompanied by copies of:

- ☐ A minimum of 3 months recent bank statements
- ☐ 3 most recent payslips, pension or social welfare payment slips
- ☐ Evidence of PPS Number
- ☐ If Self-Employed, the most recent year's Notice of Self-Assessment
- ☐ Any other paperwork that will back up your application e.g. quotes/estimates, education fees etc.

In the case of a loan in joint names, information must be provided for both parties to the loan.

Section 1: PERSONAL DETAILS

Account No.

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FIRST APPLICANT

First Name: _____

Surname: _____

Date of Birth: _____

Contact Phone Details: _____

Email: _____

Home Address: _____

If less than 3 years at present address, please indicate previous home address:

Previous Address: _____

PPSN: * _____

Country of Residence: _____

Marital Status: _____

Number of Dependents: _____

Age of Dependents: _____

SECOND APPLICANT

First Name: _____

Surname: _____

Date of Birth: _____

Contact Phone Details: _____

Email: _____

Home Address: _____

If less than 3 years at present address, please indicate previous home address:

Previous Address: _____

PPSN: * _____

Country of Residence: _____

Marital Status: _____

Number of Dependents: _____

Age of Dependents: _____

***This information is mandatory**

Section 6: ONGOING COMMITMENTS

FIRST APPLICANT

	Monthly Repayments	Outstanding Balance	Provider
Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car Loan / Lease	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Credit Union Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Store Finance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Loans	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECOND APPLICANT

	Monthly Repayments	Outstanding Balance	Provider
Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car Loan / Lease	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Credit Union Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Store Finance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Loans	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 7: SPOUSE / PARTNER DECLARATION

I hereby consent to my income and financial circumstances being considered for the purposes of the current loan application for (name of applicant)
Although the application is not for myself, it is dependent on my income for repayment.

Spouse / Partner Income Source:	Amount	Frequency
Spouse Consent Signature:	€	

Note: On occasion, verification of spouse / partner income may be sought in support of a loan application.

Section 8: DATA PROTECTION & DATA PRIVACY STATEMENT

The details provided in this application form together with any other information that is furnished to us in connection with this application will be retained and processed by First Tech Credit Union Ltd. in accordance with our Data Privacy Statement. Please take time to read this document which is available to you at www.firsttech.ie or in our branch at 55 Dawson Street, Dublin 2.

Central Credit Register Important Notice

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

Section 9: HEALTH DECLARATION

WARNING: A false Health Declaration may adversely affect loan protection insurance

Pre Existing Condition Limitation

Please be aware that if you have, during the last 6 months, received medical treatment, advice or consultation for an illness it may effect the insurance benefits payable under the terms of the Credit Union's Loan Protection Insurance policy. If you die within 6 months of the date of this loan due to a pre-existing medical condition, your loan may not be covered by the Credit Union's policy, in which case your savings, plus any insurable benefit due on those savings, may then be used as security against the value of your outstanding loan.

I declare that I am in good health and fit to follow my normal occupation:

Signature of First Applicant: _____

Signature of Second Applicant: _____

Date: ____/____/____

Date: ____/____/____

Please note only the 1st named member is covered by Loan Protection Insurance

Section 10: DECLARATION

1. I / we are over 18 years of age.
2. That all statements made and particulars given to the Credit Union in connection with this loan application including all supporting information are strictly true to the best of my / our knowledge and belief. I am not indebted to any other Credit Union, bank or loan agency as a borrower or guarantor, except as stated above.
3. That the information provided accurately represents my / our financial situation.
4. I / we confirm that I / we have the financial means to repay this loan, and it will be used for the purpose outlined and that I /we will inform the Credit Union of any changes to my / our situation which might affect my / our financial situation.

Signature of First Applicant: _____

Signature of Second Applicant: _____

Date: ____/____/____

Date: ____/____/____

ADDITIONAL INFORMATION / COMMENTS

Approved:	€:	Date:	SB €				
Authority:	LO	O	CC	Board:	LB €:		
Signature(s): OFFICE USE ONLY Conditions:					PRLL	€	PW
					DD		PF
					ESO		P4W
					OTC		PM
					Cheque		
E.F.T.				Checked:			

Note: For convenience, it may be necessary for the Credit Union to contact you via phone or text message. 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 an outstanding debt to the Credit Union.

WARNING:

IF YOU DO NOT MEET THE REPAYMENTS ON YOUR LOAN, YOUR ACCOUNT WILL GO INTO ARREARS. THIS MAY AFFECT YOUR CREDIT RATING, WHICH MAY LIMIT YOUR ABILITY TO ACCESS CREDIT IN THE FUTURE.