

SECURE LOAN APPLICATION FORM

Account/Member Number						
_						
Date						
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1. PERSONAL DETAILS								
Name								
Current Address (include Eircode)	Previous Address (if less than 3 years current address)							
Date of Birth	No of dependents							
Home Number	Mobile							
Email								
Preferred method of Mobile Home Number Marital Status Single Married Other (Please tick) If Other please Specify								
2. EMPLOYMENT D	TAILS							
Employer Name								
Employer Address								
Grade	Position Temporary Permanent Contract Retired (Please tick)							
Work Email								
Length of Service	Work Number							
3. LOAN DETAILS								
Amount of new loan	€ OFFICE USE ONLY							
Purpose of loan	Loan 1 €							
Loan Repayment	Eoan 2 €							
Amount to Shares	Shares €							
Amount to Linked	Einked A/C € Flexi €							
Account Flexi Account	Flexi € Total €							
Total Salary Deduction*	Address Phone No Mobile No DAS S.O DD							
Repayment *(This figure to include loan	Weekly Fortnightly Monthly Signed:							

4. DATA PROTECTION ANI	O PRIVACY STATEMENT							
In order to assess your application, we require certain sensitive personal information relating to your health as detailed in this form. You do not have to provide this information but it may not be possible to provide you with the requested service / product if you do not provide this information. By signing below, you are explicitly consenting to the use and retention of this sensitive personal data by the Credit Union.								
Member's Signature	Date							
You have the right to withdraw this consent at any time by by contacting us by letter or email info@pscu.ie. We will process this information in accordance with the Privacy Statement which is available on our website and in our office.								
5. HEALTH DECLARATION								
I declare that to the best of my know	vledge and belief, I am in good health and I am fit to follow my normal occupation. Yes No (Tick appropriate box).							
Member's Signature	Date							
6. PPSN								
PPSN								
The credit union is required under law to record your PPSN as part of your credit application and provide it to the Central Credit Register. We may need you to provide documentary evidence (e.g. Payslip, Tax Credit Certificate) to enable us validate the number. In addition, to save you having to provide this information again in the future, we may use it for other purposes where authorised under relevant legislation (e.g. DIRT returns).								
7. CENTRAL CREDIT REGIS	STER							
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 ov	vned and operated by the Central Bank of Ireland. For more information see www.centralcreditregister.ie							
8. FREE COMPULSORY LO	AN PROTECTION INSURANCE - SEE PAGE 4							
9. DOCUMENTS REQUIRE	D							
If we do not hold the following items on file - you will be required to supply: Copy of Passport/Drivers licence Recent Utility Bill Proof of PPSN 10. LOAN ISSUE OPTIONS								
Please indicate your preferred payment option: Post to home address Lodge to bank account Collect at Credit Union Office								
Name of Bank								
Name of Account Holder(s)								
IBAN:								
BIC:								
	These will be available from your bank statement or your bank							

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.

X

OFFICE USE ONLY						
Loan considered and approved by						
Subject to the following condition	s					
Reason Loan Approved						
Approved by	Credit Officer Credit committee Board of Directors	Total loan approved:				
Refused by	Credit Committee Board of Directors	Date				



X

DECLARATIONS LOAN PROTECTION INSURANCE

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.

Public Service Credit Union	Contact Name						
IMPORTANT - Informing ECCU about material facts PLEASE REMEMBER THAT YOU MUST TELL US EVERYTHING RELEVANT IN ANSWER 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 interest 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 a 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. (The full ECCU Privacy Notice is available at www.pscu.ie/downloads) Part 2 - Which of the statements below best describes your normal occupation or duties? - 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 - means someone who is retired from paid employment (othe							
	a full time education student, aged 16 years or older a		-	ent of the same age			
Homemaker - means None of the above	a housewife, househusband or homemaker actively a	ind regularly performing all of	the usual duties of a homemaker				
Part 3 I confirm I am fit to follow my normal occupation or duties (as indicated in Part 2). Part 4 Are you receiving an illness or injury related benefit for more than 3 months? Member's signature Date							
Methiber's signature							
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:							
Member's signature			Date				