



All sections and both sides to be completed.

Section I

Personal Information

Name Membership No

Date of Birth National Insurance No

Home Address	Work Address
Postcode	Postcode
Home Email	Work Email
Home Telephone No	Work Telephone No
Personal Mobile No	Work Mobile No

Is your home (please tick): Owner Occupied Privately Rented Council or Association With Family/Friends

Other (please specify)

Are you in receipt of any of the following benefits (please tick): Income Support Jobseekers Allowance Carers Allowance

State Pension Pension Credit Incapacity Benefit Employment Support Allowance

Loan Information

The amount you will be able to borrow will depend on your current savings and loan balance.

I would like a loan of £ to be repaid over: months OR at £ per month

I also agree to save £ per week/month (minimum of £10 a month)

I require the loan for the following provident & productive purposes:

.....

.....

If you would like the loan to be paid direct to your bank/building society please complete the following:

Bank/Building Society Name

Address

.....

Sort code

Account No



All sections and both sides to be completed.

Section 2

To the best of my knowledge and belief I am in good health and under no medical advice or treatment.

I have or am being treated for:

.....
.....

Signature

Date

.....

Member Declaration:

I have considered all my financial commitments and feel that I can make the repayments in accordance with Wherry Dragon Credit Union rules. I declare the information I have given on this form is to the best of my knowledge and belief true, accurate and full information. I understand the provision of false information is fraud and the credit union may take appropriate action, if I am found to have deliberately provided false or misleading information. I understand the credit union may verify any information given in relation to this loan application and agree to a credit history check being made. All information is for the use of the credit union only and will be treated in the strictest confidence.

I authorise the Credit Union to contact any third party it deems necessary without further notice, including but not limited to, Employers or Credit Reference Agencies for reports or information.

I agree that if I default on repayments, information about my loan may be passed on to the Department for Work and Pensions for their consideration of deductions from the benefits that I am or will become entitled to.

Signature

Date

.....

Return form to the address below.

Room 15, City Hall, Norwich, NR2 1NH Telephone: 01603 212465
www.wherrydragon.org.uk email: creditunion@norwich.gov.uk
FSA number: 213468