

**JPS & PARTNERS CO-OP CREDIT UNION LTD.
CHRISTMAS COMBO LOAN**

APPLICATION FORM

Total Loan _____ **Date** _____

Present Loan Balance _____

Cash Now Required _____ **Share Requirement** _____

Name: _____ **Account No** _____

Home Address: _____

Phone# _____ **Mobile:** _____ **E-mail** _____

I hereby apply for a Christmas Combo Loan of _____ for a period of _____ months to be repaid in _____ monthly payments of _____ including Interest.

Date of Birth _____ No. of Dependents _____ Spouse _____

Name, address and telephone of nearest relative (exclusive of spouse) _____

Income Information

Employed by _____

If spouse employed, state

How Long _____ Phone # _____

Employed by _____

Address _____

How Long _____ Phone # _____

Position _____

Address _____

Mthly/Wkly/Ftnly \$ _____ Other income \$ _____ Mthly/Wkly/Ftnly \$ _____

I hereby agree to comply with all the terms, conditions, rules and regulations of the Credit Union now in force or which may be adopted. The statements herein are made for the purpose of obtaining the loan and are true to the best of my knowledge and belief.

Signature _____

**JPS & PARTNERS CO-OP CREDIT UNION LTD.
LOAN AGREEMENT**

FOR VALUE RECEIVED I _____ as principal and _____ as co-makers (waiving _____ rights of demand of notice) jointly and severally promise to pay the JPS & PARTNERS CO-OP CREDIT UNION LTD. or order the sum of _____ (\$ _____) as follows:- _____ on _____ and _____ each succeeding month, thereafter, the whole sum to be repaid in or within _____ from date. Interest to be at _____% per annum on the unpaid balances due and payable monthly.

As Collateral security for this note, said borrower has deposited with said Credit Union _____ (\$ _____)

In case of any default of payment as herein agreed, unless excused by the Board of Directors, the entire balance of this loan shall become immediately due and payable on demand. This loan shall also become due and payable when the borrower becomes bankrupt or leaves Jamaica without giving at least six months' notice or loses his common bond.

Signature of Principal **Signature of Witness** **Name of Witness**

In signing this document I give authorization to my employer, that upon termination of my services, any outstanding balances owed to the above named Institution should be paid over from my final payment.

Signature _____ **Date** _____

FOR OFFICE USE ONLY	
Recommended By:	
Loans Officer: _____	_____
Name	Signature
Approved By:	
Manager: _____	_____
Name	Signature
Reason for Disapproval/Special Notes	

