



DATE / / APPLICANT LOAN # APPLICANT ACCOUNT # CO-APPLICANT ACCOUNT #

PURPOSE OF LOAN

OUT OF SHARE LOAN PRODUCT ☐ OVERDRAFT XPRESS LOAN ☐ MISC. CONSUMER LOAN ☐ CAR LOAN ☐ LAND LOAN ☐ COMMERCIAL ☐ MORTGAGE: CONSTRUCTION ☐ MORTGAGE: PURCHASE ☐ MORTGAGE: OTHER ☐ MORTGAGE: CONSOLIDATION

APPLICANT NAME

FIRST MIDDLE LAST MAIDEN NAME

EMAIL DATE OF BIRTH

P.O. BOX HOME # & CELL #

ADDRESS

HOUSE # STREET NAME DISTRICT DURATION

EMPLOYER DURATION

ADDRESS

POSITION MONTHLY SALARY \$

DEPENDENTS WORK #

CO-APPLICANT'S NAME RELATIONSHIP

EMAIL DATE OF BIRTH

ADDRESS

HOUSE # STREET NAME DISTRICT P.O. BOX DURATION

HOME # & CELL # WORK #

EMPLOYER DURATION

ADDRESS

POSITION MONTHLY SALARY \$

OTHER INCOME SOURCE MONTHLY \$

TOTAL MONTHLY INCOME \$

CASH NOW REQUIRED \$

PRESENT LOAN BALANCE \$

TOTAL LOAN REQUEST \$

I HEREBY APPLY FOR A LOAN OF \$ FOR A PERIOD OF

MONTHS TO BE REPAID IN () MONTHLY PAYMENTS OF

\$ INCLUDING INTEREST, AT AN INTEREST RATE OF

I OFFER AS SECURITY FOR THE ABOVE REQUEST LOAN:

☐ SHARES ☐ DEPOSITS ☐ VEHICLE(S) ☐ PROPERTY(S) ☐ OTHER ☐ GUARANTOR ☐ CO-MAKER SECURITY:

VEHICLE

YEAR MAKE MODEL

PROPERTY

BLOCK / PARCEL DISTRICT

VEHICLE

YEAR MAKE MODEL

PROPERTY

BLOCK / PARCEL DISTRICT

CURRENT MONTHLY EXPENSES

MONTHLY DEBTS

CREDIT UNION LOAN \$

BANK LOAN \$

BANK LOAN \$

BANK LOAN \$

MORTGAGE / RENT \$

CREDIT CARD \$

COURT ORDER \$

CREDIT CARD \$

PENSION / HEALTH \$

STRATA FEE / PROP. INS. \$

UTILITIES

CABLE \$

TELEPHONE \$

ELECTRICITY / WATER \$

PERSONAL EXPENSES

LIFE INSURANCE \$

HELPER \$

VEHICLE (GAS, MAINT.) \$

PERSONAL (FOOD, CLOTHES) \$

HOUSEHOLD MISC. \$

ENTERTAINMENT \$

SCHOOL FEES + LUNCH EXP \$

OTHER EXPENSES \$

TOTAL EXPENSES \$

SURPLUS \$



APPLICANT ASSETS

(ROUND FIGURES TO THE NEAREST DOLLAR)

ASSETS	ASSETS DESCRIPTION	VALUE	LIABILITIES	MONTHLY PAYMENT	BALANCE
CREDIT UNION SHARES		\$	CREDIT UNION LOAN	\$	\$
CREDIT UNION DEPOSITS		\$	CREDIT UNION XPRESS	\$	\$
CREDIT UNION FIXED DEPOSITS		\$	PERSONAL LOANS	\$	\$
CASH SAVINGS / BANKS		\$	PERSONAL LOANS	\$	\$
PROPERTY		\$	MORTGAGE (INCL. STRATA)	\$	\$
PROPERTY		\$	MORTGAGE	\$	\$
PROPERTY		\$	VEHICLE LOAN	\$	\$
VEHICLE		\$	VEHICLE LOAN	\$	\$
VEHICLE		\$	CREDIT CARD	\$	\$
VEHICLE		\$	CREDIT CARD	\$	\$
FIXED DEPOSIT / BANK		\$	CREDIT CARD	\$	\$
STOCKS / BONDS		\$	OTHER DEBT	\$	\$
LIFE INSURANCE CSV		\$	OTHER DEBT	\$	\$
OTHER INVESTMENTS		\$	OTHER DEBT	\$	\$
TOTAL		\$	TOTAL	\$	\$

CO-APPLICANT ASSETS

(ROUND FIGURES TO THE NEAREST DOLLAR)

ASSETS	ASSETS DESCRIPTION	VALUE	LIABILITIES	MONTHLY PAYMENT	BALANCE
CREDIT UNION SHARES		\$	CREDIT UNION LOAN	\$	\$
CREDIT UNION DEPOSITS		\$	CREDIT UNION XPRESS	\$	\$
CREDIT UNION FIXED DEPOSITS		\$	PERSONAL LOANS	\$	\$
CASH SAVINGS / BANKS		\$	PERSONAL LOANS	\$	\$
PROPERTY		\$	MORTGAGE (INCL. STRATA)	\$	\$
PROPERTY		\$	MORTGAGE	\$	\$
PROPERTY		\$	VEHICLE LOAN	\$	\$
VEHICLE		\$	VEHICLE LOAN	\$	\$
VEHICLE		\$	CREDIT CARD	\$	\$
VEHICLE		\$	CREDIT CARD	\$	\$
FIXED DEPOSIT / BANK		\$	CREDIT CARD	\$	\$
STOCKS / BONDS		\$	OTHER DEBT	\$	\$
LIFE INSURANCE CSV		\$	OTHER DEBT	\$	\$
OTHER INVESTMENTS		\$	OTHER DEBT	\$	\$
TOTAL		\$	TOTAL	\$	\$



PROPERTY OWNERSHIP INFORMATION

MY PROPERTY IS

☐

MORTGAGED

☐

LEASED

☐

OWNED

LOAN PROCESSING FEES (NON-REFUNDABLE)

BY SIGNING THIS APPLICATION, I GIVE CONSENT TO CICSA CO-OP CREDIT UNION LTD TO DEBIT AVAILABLE FUNDS FROM MY REGULAR SAVINGS OR SHARES ACCOUNT, FOR ONE OF THE RELEVANT FEES BELOW:

\$750.00 - LOANS \$301K - \$500K

\$300.00 - LOANS LESS THAN \$300K

\$200.00 - CAR LOANS

\$1000.00 - LOANS GREATER THAN \$500K

\$100.00 - UNSECURED LOANS

\$20.00 - LAND REGISTER FEE

I HEREBY AGREE TO COMPLY WITH THE TERMS, CONDITIONS, RULES AND REGULATIONS OF THE CREDIT UNION NOW IN FORCE OR WHICH MAY HEREAFTER BE ADOPTED. I AM NOT INDEBTED TO ANY OTHER CREDIT UNION, BANK OR LOAN AGENCY, EITHER AS A BORROWER OR CO-MAKER OTHER THAN AS STATED ABOVE. THE STATEMENTS HEREIN ARE MADE FOR THE PURPOSES OF OBTAINING THE LOAN AND ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. YOU ARE AUTHORIZED TO CHECK MY CREDIT HISTORY WITH ANY CREDITOR AND TO PROVIDE INFORMATION ON MY CREDIT HISTORY WITH THE CAYMAN ISLANDS CIVIL SERVICE ASSOCIATION (CICSA) CO-OPERATIVE CREDIT UNION LTD.

I UNDERSTAND THAT THIS APPLICATION IS NOT A BINDING OFFER OF FINANCE AND THAT THE CREDIT UNION MUST FIRST COMPLETE ITS INTERNAL CREDIT REVIEW IN ACCORDANCE WITH ITS USUAL CRITERIA AND THAT REVIEW MAY RESULT IN CHANGES TO THE BASIS ON WHICH ANY LOAN MAY BE MADE AVAILABLE.

SIGNATURE OF APPLICANT (BORROWER)

SIGNATURE OF WITNESS
(J.P./N.P./C.U. STAFF)

SIGNATURE OF APPLICANT (BORROWER)

SIGNATURE OF WITNESS
(J.P./N.P./C.U. STAFF)

CO-MAKER, VEHICLE OWNER OR JOINT PROPRIETOR

IN PLEDGING MY COLLATERAL AS (CIRCLE THE APPLICABLE) VEHICLE JOINT PROPRIETOR, CO-MAKER (CREDIT UNION SHARES IN THE AMOUNT OF \$), OTHER CASH SAVINGS, I HEREBY ACKNOWLEDGE THAT THIS COLLATERAL IS FOR THE PURPOSE OF SECURING THIS LOAN AND WILL NOT BE RELEASED BY THE CREDIT UNION UNLESS THE ABOVE NOTED LOAN HAS BEEN REFINANCED WITH OTHER COLLATERAL OR PAID IN FULL.

I ALSO ACKNOWLEDGE THAT IN THE EVENT OF DEFAULT OF THE LOAN THE CREDIT UNION MAY SELL THE COLLATERAL PLEDGED AND APPLY THE PROCEEDS LESS RECOVERY EXPENSES TO THE LOAN.

SIGNATURE OF CO-MAKER 1 / VEHICLE OWNER / JOINT PROPRIETOR

SIGNATURE OF WITNESS
(J.P./N.P./C.U. STAFF)

SIGNATURE OF CO-MAKER 2 / VEHICLE OWNER / JOINT PROPRIETOR

SIGNATURE OF WITNESS
(J.P./N.P./C.U. STAFF)

EMERGENCY CONTACT INFORMATION

IN THE EVENT THAT THE CREDIT UNION IS UNABLE TO CONTACT ME I GIVE PERMISSION TO THE CREDIT UNION TO CONTACT THE BELOW NAMED PERSON ONLY TO OBTAIN VALID CONTACT INFORMATION SUCH AS A PHONE NUMBER, EMAIL, MAILING AND PHYSICAL ADDRESS. THE CREDIT UNION WILL NOT RELEASE ANY PERSONAL AND CONFIDENTIAL DATA.

EMERGENCY
CONTACT

RELATIONSHIP

EMAIL

HOME #
& CELL #



**CICSA Co-operative
Credit Union Ltd.**

OUT-OF-SHARE LOAN APPLICATION FORM

DISCLOSURE AUTHORISATION AGREEMENT

DATE D D / M M / Y Y Y Y

APPLICANT NAME

CO-APPLICANT
NAME

I/We hereby authorise consent to the CICSA Co-operative Credit Union to obtain information on my/our behalf from or through licensed credit agencies and other financial institutions, regarding my/our credit status and pre-existing financial obligations.

It has been understood and confirmed that the information obtained will be utilized in the assessment of a loan application.

APPLICANT SIGNATURE

SIGNATURE OF WITNESS
(J.P./N.P./C.U. STAFF)

CO-APPLICANT SIGNATURE

SIGNATURE OF WITNESS
(J.P./N.P./C.U. STAFF)



CO-MAKER 1

NAME		ACCOUNT #	
ADDRESS		PHONE # (HOME & CELL)	
EMPLOYER		HOW LONG	PHONE # (WORK)
POSITION		MONTHLY SALARY	\$
VEHICLE		PROPERTY	
	YEAR	MAKE	MODEL
		BLOCK / PARCEL	DISTRICT

CO-MAKER 2

NAME		ACCOUNT #	
ADDRESS		PHONE # (HOME & CELL)	
EMPLOYER		HOW LONG	PHONE # (WORK)
POSITION		MONTHLY SALARY	\$
VEHICLE		PROPERTY	
	YEAR	MAKE	MODEL
		BLOCK / PARCEL	DISTRICT

GUARANTOR

NAME		ACCOUNT #	
ADDRESS		PHONE # (HOME & CELL)	
EMPLOYER		HOW LONG	PHONE # (WORK)
POSITION		MONTHLY SALARY	\$
VEHICLE		PROPERTY	
	YEAR	MAKE	MODEL
		BLOCK / PARCEL	DISTRICT



CREDIT COMMITTEE ACTION

ON , 20 A LOAN OF \$ WAS APPROVED / DISAPPROVED ON THE FOLLOWING

ADDITIONAL CONDITION(S):

SPECIAL NOTES

<input type="text"/>	<input type="text"/> C.C. CHAIRPERSON	<input type="text"/> C.C. VICE-CHAIRPERSON
<input type="text"/>	<input type="text"/> C.C. SECRETARY	<input type="text"/> C.C. MEMBER
<input type="text"/>	<input type="text"/> C.C. MEMBER	<input type="text"/> BOARD OF DIRECTORS
<input type="text"/>	<input type="text"/> C.C. MEMBER	<input type="text"/> SUPERVISORY COMMITTEE

CEO ACTION OR IN-HOUSE CREDIT COMMITTEE ACTION

(THREE SIGNATURES REQUIRE FROM GROUP 1/2/3/4 WITH MAXIMUM SIGNATURE 1 PER GROUP FOR IN-HOUSE COMMITTEE,
CEO SOLE SIGNATORY WITHIN CEO UNILATERAL LIMIT)

ON , 20 A LOAN OF \$ WAS APPROVED / DISAPPROVED ON THE FOLLOWING

ADDITIONAL CONDITION(S):

SPECIAL NOTES

<input type="text"/>	<input type="text"/> CEO	<input type="text"/> PRINT NAME
<input type="text"/>	<input type="text"/> CFO OR FINANCE & ACCOUNT MANAGER	<input type="text"/> PRINT NAME
<input type="text"/>	<input type="text"/> LOANS MANAGER OR ASSIST. LOANS MANGER	<input type="text"/> PRINT NAME
<input type="text"/>	<input type="text"/> COLLECTION MANAGER OR ASST. COLLECTION MANAGER OR PROJECT MANAGER	<input type="text"/> PRINT NAME



CREDIT UNION USE ONLY

MONTHLY DEBT

CREDIT UNION LOAN	\$
BANK LOAN	\$
BANK LOAN	\$
BANK LOAN	\$
MORTGAGE / RENT	\$
CREDIT CARD	\$
COURT ORDER	\$
CREDIT CARD	\$
PENSION/HEALTH	\$
STRATA FEE/PROP. INS.	\$
TOTAL	\$

NEW CREDIT UNION LOAN PAYMENT	\$
TOTAL MONTHLY DEBT EXPENSE	\$
TOTAL MONTHLY INCOME	\$
TDR: TOTAL MONTHLY DEBT / TOTAL MONTHLY INCOME	%

DATE RECEIVED	
ACCEPTED BY	
LOAN CODE	

RECOMMENDED BY

RECOMMENDED BY



**PROOF OF RESIDENCY
(THIRD PARTY)**

DATE D D / M M / Y Y Y Y

THE CEO
CICSA CO-OP CREDIT UNION LTD
PO BOX 1450
GRAND CAYMAN KY1-1110
CAYMAN ISLANDS

DEAR SIR OR MADAM

RE: (MEMBER NAME)

I HEREBY CONFIRM THAT THE ABOVE NAMED PERSON RESIDES AT:

MY RELATIONSHIP WITH THIS PERSON IS:

- ☐ FAMILY MEMBER (STATE RELATIONSHIP)
- ☐ TENANT
- ☐ OTHER (STATE RELATIONSHIP)

PHOTO IDENTIFICATION (AT LEAST ONE IS REQUIRED) ☐ DRIVER'S LICENSE ☐ PASSPORT ☐ VOTER'S REGISTRATION CARD

THIS PERSON HAS RESIDED HERE SINCE - HE/SHE
DOES/DOES NOT PAY RENT, THEIR NAME IS/IS NOT ON THE LEASE OR A CO-APPLICANT ON THE MORTGAGE BUT HE/SHE
CONTRIBUTES TOWARDS THE MONTHLY EXPENSES.

YOURS TRULY

NAME TELEPHONE

ADDRESS

SIGNATURE



Instructions for completion

We are obliged under the Tax Information Authority Law, the Regulations, and Guidance Notes made pursuant to that Law, and treaties and intergovernmental agreements entered into by the Cayman Islands in relation to the automatic exchange of information for tax matters (collectively "AEOI"), to collect certain information about each account holder's tax status. Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant Cayman Islands Regulations, Guidance Notes or international agreements. If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this Form, please contact your tax advisor.

COMPLETE ALL SECTIONS. Do not leave any section blank. If N/A, state so.

SECTION 1: ACCOUNT HOLDER IDENTIFICATION

ACCOUNT HOLDER NAME					
DATE OF BIRTH (DD/MM/YYYY)		PLACE & COUNTRY OF BIRTH			
PERMANENT RESIDENCE ADDRESS:					
NUMBER & STREET				CITY/TOWN	
STATE/PROVINCE		POST CODE		COUNTRY	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):					
NUMBER & STREET				CITY/TOWN	
STATE/PROVINCE		POST CODE		COUNTRY	

SECTION 2: DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

PLEASE TICK EITHER (A) OR (B) OR (C) AND COMPLETE AS APPROPRIATE.

- A ☐ I CONFIRM THAT I AM A U.S. CITIZEN AND/OR RESIDENT IN THE U.S. FOR TAX PURPOSES (GREEN CARD HOLDER OR RESIDENT UNDER THE SUBSTANTIAL PRESENCE TEST) AND MY U.S. FEDERAL TAXPAYER IDENTIFYING NUMBER (U.S. TIN) IS AS FOLLOWS:
- B ☐ I CONFIRM THAT I WAS BORN IN THE U.S. (OR A U.S. TERRITORY) BUT AM NO LONGER A U.S. CITIZEN AS I HAVE VOLUNTARILY SURRENDERED MY CITIZENSHIP AS EVIDENCED BY THE ATTACHED DOCUMENTS.
- C ☐ I CONFIRM THAT I AM NOT A U.S. CITIZEN OR RESIDENT IN THE U.S. FOR TAX PURPOSES.

SECTION 3: DECLARATION OF TAX RESIDENCY (OTHER THAN U.S.) *Complete section 3 if you have non-U.S. tax residences.*

I HEREBY CONFIRM THAT I AM, FOR TAX PURPOSES, RESIDENT IN THE FOLLOWING COUNTRIES
(INDICATE THE TAX REFERENCE NUMBER TYPE AND NUMBER IN EACH COUNTRY).

COUNTRY/COUNTRIES OF TAX RESIDENCY	TAX REFERENCE NUMBER TYPE	TAX REFERENCE NUMBER

Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities. I acknowledge that it is an offence to make a self-certification that is false in a material particular.

<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE	PRINT NAME	DATE (DD/MM/YYYY)

**FOR CREDIT UNION
USE ONLY**

VALID
SELF-CERTIFICATION
☐ YES ☐ NO

REVIEWED AND APPROVED BY

DATE