



DATE OF TRANSACTION

PURPOSE OF LOAN

MEMBER NAME

MEMBER NO.

EMPLOYER

DATE OF BIRTH

CELLPHONE NO.

EMPLOYER PHONE NO.

REQUIRED PHOTO ID

☐

DRIVER'S LICENSE

☐

PASSPORT

☐

VOTER'S CARD

CO-APPLICANT INFORMATION

CO-APPLICANT
NAME

CO-APPLICANT
MEMBER NO.

CO-APPLICANT
PHONE NO.

CO-APPLICANT
EMPLOYER PHONE NO.

LOC CONVERSION AMOUNT / NEW LIMIT REQUEST

a) I hereby apply for an increase in my LOC to \$ to be repaid in monthly payments of \$
including interest commencing , 20 .

b) I hereby apply for my Xpress Loan to be converted to a LOC in the amount of \$ to be
repaid in monthly payments of \$ including interest commencing , 20 .

TERMS & CONDITIONS

I hereby agree to comply with all the terms, condition, rules and regulations of the CICSA Co-op Credit Union Ltd. now in force or which may hereafter be adopted. I acknowledge that all terms and conditions of my Overdraft Xpress Loan and/or LOC agreement remain in effect. You are authorized to check my credit history with any creditor and give information on my credit history with the CICSA Co-op Credit Union Ltd. If the increase is approved, the funds will be deposited to my regular savings account within 3 business days. In case of any default as herein agreed, unless waived by 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 the Cayman Islands without giving a least six months' notice or loses his or her membership in the CICSA Co-operative Credit Union Ltd.

I confirm that I have not obtained any other debt/loan since my last application.

By signing this application, I agree to the following terms:

1. All loan payments are due at or before the end of each month.
2. Member(s) who is/are late two (2) or more months within six (6) months before the request for a top-up will not be eligible.
3. LOC low monthly service fee \$10.00
4. I give consent to CICSA Co-op Credit Union Ltd. to debit \$25.00 (non-refundable one time processing fee from my regular savings or shares account for the LOC Conversion or CI \$200.00 for limit increase application.

SIGNATURE OF
APPLICANT

WITNESS

SIGNATURE OF
CO-APPLICANT

WITNESS

INTERNAL USE ONLY

APPROVED LOC
LIMIT

DATE

AUTHORIZED BY



INTERNAL USE ONLY

Is the member a Politically Exposed Person:

☐

Yes

☐

No

Approved
by Business
Unit:

NAME & SIGNATURE

ROLE

DATE

Approved by
Compliance:

Officer
Processing the
Application: