

LOAN AGREEMENT

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Flamesavers CU Ltd
4 Kingsyard
Rope Street
Stoke-on-Trent
Staffordshire ST4 6DJ

Tel: 01782 615220
Email: office@flamesavers.co.uk
www.flamesavers.co.uk
Reg.No. 338C. Established 1993



I _____

Membership No: _____

Residing at: _____

Postcode: _____

hereby agree to receive from Flamesavers Credit Union Ltd, of Lower Bethesda St, Hanley Stoke on Trent, the sum of £ _____

FOR CREDIT UNION OFFICE STAFF ONLY TO COMPLETE

Giving a total loan balance of £ _____ We undertake to pay the said Credit Union that said sum along with interest at a variable rate not exceeding 12.68% APR, which will be repaid by us in equal monthly instalments of £ _____

CONSENT

I HEREBY CONSENT TO REGISTRATION OF THIS LOAN AGREEMENT FOR PRESERVATION AND EXECUTION AND WE AGREE THAT THIS APPLICATION SIGNED BY AN OFFICIAL OF THE CREDIT UNION DULY AUTHORISED FOR THAT PURPOSE SHALL BE SUFFICIENT TO ASCERTAIN AND CONSTITUTE CONCLUSIVELY THE AMOUNT DUE BY US TO THE CREDIT UNION AT THE DATE OF THE CERTIFICATE. THIS MEANS THE CREDIT UNION MAY TAKE ACTION IMMEDIATELY A LOAN GOES INTO ARREARS.

I agree that in default in any of the said monthly instalments, the entire balance of the loan with all interest accrued thereon, shall immediately become due and payable at the option of the Credit Union. I hereby also agree that interest will continue to accrue on the sum due at the date of my default at a variable rate not exceeding 2% per month until final payment. I further agree that in the event of default I shall be liable for all costs of collection and expenses including costs to any third party agency and all shares and payments on the account of shares which we may have in Flamesavers Credit Union, shall be applied to payment of the said loan, interest, costs and expenses.

I (Name) _____ HEREBY AUTHORISE MY EMPLOYERS IN THE EVENT OF MY EMPLOMENT TERMINATING FOR ANY REASON TO MAKE PAYMENT OF ALL SUMS DUE TO THE SAID CREDIT UNION, PRIOR TO MAKING ANY PAYMENT DUE TO ME. **I UNDERTAKE TO ADVISE THE CREDIT UNION IMMEDIATELY IF MY EMPLOMENT IS TERMINATED TO DISCUSS CONTINUATION OF ANY PAYMENTS STILL DUE TO BE MADE.**

I (Name) _____ am am not in good health and fit to follow my normal occupation.

I FULLY AGREE TO ALL THE ABOVE AND DECLARE THAT ALL INFORMATION PROVIDED IS TRUE AND ACCURATE.

Signature: _____

Dated: _____ / _____ / _____

THE ABOVE SIGNATURE MUST BE WITNESSED ▶▶▶▶▶▶▶▶▶▶

Signature of CU official: _____

Print name: _____ A.Fisher _____ L.Downs _____ A.Bell _____

Cheque No. or Transfer Made: _____ Dated: _____ / _____ / _____

Witness Signature:

Please Print:

Witness Address:

Postcode:

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 **flamesavers**
credit union limited

MEMBER DETAILS

Title: Mr/Mrs/Miss/Ms Surname: _____ Forename/s: _____

Address: _____ Postcode: _____

Date of birth: ____/____/____ Telephone No: _____ Mobile No: _____

National Insurance No: _____ Membership No: _____ Pay No: _____

Email Address: _____

IF RETAINED PLEASE STATE MONTHLY RETAINING FEE: _____ AND GIVE NAME: _____

AND ADDRESS OF OTHER EMPLOYER: _____

BANK DETAILS

Account in the name of: _____ Account No: _____ Sort Code: _____

DETAILS OF LOAN

Reason for Loan: _____ Amount Required: £ _____

Repayable in installments of £ _____ per month Date of Loan Required (Please give as much notice as possible): ____/____/____

DECLARATION

I hereby apply for the loan as detailed above. I declare that I require the loan for a provident and productive purpose. I further declare that to the best of my knowledge I am fit for work and eligible to receive the loan. Flamesavers reserves the right to credit check all loan applications.

Signature: _____ Dated: ____/____/____