



Thurles Credit Union Limited

Parnell Street, Thurles, Co. Tipperary
Phone : 0504-91700 Fax : 0504-21557
Web : www.thurlescu.ie Email : info@thurlescu.ie

Member Number	<input type="text"/>
Date	<input type="text"/>
Teller	<input type="text"/>

LOAN APPLICATION FORM

Contact Details				Membership Details				
Name	<input type="text"/>			Share Account	<input type="text"/>	Deduct DIRT	<input type="checkbox"/>	
Address	<input type="text"/>			Current Balances		Historic Loan Information		
Telephone	<input type="text"/>			Savings Balance	<input type="text"/>	Number of Loans	<input type="text"/>	
Email	<input type="text"/>			Loan Balance	<input type="text"/>	Total Loan Issues	<input type="text"/>	
Personal Details				Loan Arrears	<input type="text"/>	Last Loan Issued	<input type="text"/>	
Date of Birth	<input type="text"/>	Age	<input type="text"/>	Interest Due	<input type="text"/>	Last Loan Type	<input type="text"/>	
Marital Status	<input type="text"/>	No. of Dependents	<input type="text"/>	Balance All Loans	<input type="text"/>			
Accommodation Details				Loan Application Details				
Accommodation Type	<input type="text"/>	Years	<input type="text"/>	Loan Purpose	<input type="text"/>			
Employment Details				Existing Balance	<input type="text"/>	Gross Loan	<input type="text"/>	
Occupation	<input type="text"/>			Amount Requested	<input type="text"/>	Less Cancelled RPI	<input type="text"/>	
Employer Name	<input type="text"/>			Net Loan	<input type="text"/>	To Loan	<input type="text"/>	
Nature Of Business	<input type="text"/>			Term of Loan	<input type="text"/>	To Interest	<input type="text"/>	
Address	<input type="text"/>			Repayment	<input type="text"/>			
Status	<input type="text"/>	Years	<input type="text"/>	Protection Insurance Details				
Net Salary	<input type="text"/>	Gross	<input type="text"/>	Taken	<input type="text"/>			
Other Income Type				Declaration				
Other Income Type	Amount	Agency	Balance	<input type="text"/>				
Mortgage & Creditor Details				Member1 Signature <input checked="" type="checkbox"/>				
Credit Type	Amount	Agency	O/S Balance	End Date	Member2 Signature <input checked="" type="checkbox"/>			
Spouse Details				Breadwinner Protection Details				
Spouse Member No	<input type="text"/>			If you are not in full time employment you can still avail of Protection Insurance. Your repayments will be protected in the event of the breadwinner below becoming ill or redundant.				
Name	<input type="text"/>			Name <input type="text"/>				
Occupation	<input type="text"/>			Date of Birth <input type="text"/>				
Employer Name	<input type="text"/>			Data Protection Acts 1988 & 2003				
Address	<input type="text"/>			The information you provide on this application form being released to the Irish League of Credit Unions and the Repayment Protection Insurance Provider for the purposes of Repayment Protection Insurance.				
Status	<input type="text"/>	Years	<input type="text"/>	Member1 Signature <input checked="" type="checkbox"/>				
Net Salary	<input type="text"/>			Member2 Signature <input checked="" type="checkbox"/>				
Collateral Details				Guarantor Details				
Collateral <input type="text"/>				Member Number <input type="text"/>				
Collateral Amount <input type="text"/>				Relationship <input type="text"/>				
Other Collateral <input type="text"/>				Guarantor Name <input type="text"/>				
				Address <input type="text"/>				
				Phone <input type="text"/>				



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LOAN APPLICATION FORM

DATA PROTECTION

(Consent to Use and Disclosure/Data Protection Acts 1988 and 2003 and Section 71 of the Credit Union Act, 1997.)

I understand that under the Data Protection Acts, 1988 and 2003 (the "DPA"), my consent may be required for the Credit Union to process personal data which it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data, such as data about my health, within the meaning of the DPA, the processing of which requires my explicit consent. I also understand that under Section 71 of the Credit Union Act, 1997, the Credit Union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction of mine with the Credit Union.

For the purpose of assessing my application for membership, assessing any loan applications which I may make to you and generally for administering and monitoring any accounts I have with the Credit Union, including any loan accounts I have from time to time with you, I consent:

- (i) to you seeking information concerning applications for loans and my credit history from the date of my original consent from any Credit Union and for that purpose you may disclose any relevant information in any loan application which I may make to you or which you may have concerning me to any Credit Union;
- (ii) to any Credit Union disclosing information to you concerning applications for loans and my credit history from the date of my original consent with any such Credit Union;
- (iii) to you disclosing of any information in any application (including loan applications) or in respect of any account or transaction of mine with the Credit Union from the date of my original consent to officers or employees of the Irish League of Credit Unions for the purpose of fulfilling our requirements and under the Savings Protection Scheme if such scheme is operated on behalf of the Credit Union by the Irish League of Credit Unions; and
- (iv) to the processing of any information relating to me, either contained in this form or any other form or application, for the purpose of assessing applications and administering any accounts I maintain with the Credit Union.
- (v) in the processing of information in accordance with law, such as the Criminal Justice Acts, or the Credit Union Act, 1997.

2. From time to time, the Credit Union, or third parties selected by the Credit Union, may use your details to inform you of goods and/or services which may be of interest to you. The use of your details for marketing purposes will depend on the preferences that you express below:

- Opt in (marketing by email, text message and fax)** I consent to the Credit Union, or third parties selected by the Credit Union, informing me of goods or services that may be of interest to me by email, text message or fax.
- Opt Out (other forms of marketing)** Please tick the box opposite if you do **not** want the Credit Union or third parties selected by the Credit Union, to inform you by phone or letter, of goods or services that may be of interest to you.

Please note that you have the right to access personal data held about you by the credit union and to correct any inaccuracies in such data.

Applicant 1 Signature	<input checked="" type="checkbox"/>	Applicant 2 Signature	<input checked="" type="checkbox"/>
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I consent to and authorise this Credit Union to process and retain data provided by me in respect of this application as the application for credit although not from myself is depending on my income for repayments

Spouse/Partner/ Guarantor Signature	<input checked="" type="checkbox"/>	Witness (CU Official)	<input checked="" type="checkbox"/>
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DECLARATION

- I am not indebted to any other Credit Union, bank or loan agency either as a borrower or guarantor, except as stated above.
- I confirm that I have the financial means to repay this loan, and that it will be used for the purpose stated overleaf.
- The statements herein are made for the purpose of obtaining the loan and are true to the best of my knowledge and belief.
- It has been explained to me that my shares will be held as security for this loan.

Member Signature	<input checked="" type="checkbox"/>	Member 2 Signature	<input checked="" type="checkbox"/>
Print Name		Print Name	
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Witness Signature		Witness Signature	
Print Name		Print Name	
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

IRISH CREDIT BUREAU CONSENT

I/We authorise to process and retain data provided by me/us in respect of this application, to seek and provide credit references (searches), to record details of any transaction which may result from this application with Irish Credit Bureau Limited (ICB) and ICB to record, retain and disclose to its members details of such searches for a period of one year.

I/We acknowledge that and/or ICB are permitted to disclose any material misstatement of fact contained in the application for financial accommodation to its members and relevant bodies. I/We consent to any such application being processed, recorded and retained by ICB.

Verbal Acknowledgement Received Yes No Witness Signature Date / /

Member Signature Member 2 Signature

If we reject your credit application based on the consultation of a database (i.e. after a search of a database of credit histories) we are required by law to inform you immediately and without charge of the result of such consultation and are also required to provide you with particulars of the database consulted.

To put this in context for you, we should explain that it is our usual practice to consult a database on credit histories as part of our process for considering any application for credit. This can only be done with your permission, because credit history databases contain personal data which is protected by privacy rules. The databases we usually consult contain details, supplied by ourselves and other regulated financial/credit entities, of borrowers' recent credit performance in relation to specific debts to participating credit entities. We send an electronic request to the credit bureau for a credit report, and the credit bureau's database produces an automatic electronic response which shows whether the borrower is in arrears in relation to any credit agreement which has been registered with the database. This report is then considered as one of the factors in our decision on the application for credit.

You should note that, as stated above, the database is compiled using details, supplied by ourselves and other regulated financial/credit entities, in respect of borrowers' recent credit performance in relation to specific debts to participating regulated financial/credit entities. Neither Irish Credit Bureau Limited nor have any control over the information provided by the regulated/credit entities which participate in the database and are unable to verify the completeness or accuracy of such information. If you have a concern about the information provided by the regulated financial/credit entity in respect of your past credit performance you can obtain a copy of your own credit report at any time from Irish Credit Bureau Limited by paying a nominal fee.

OFFICE USE ONLY	Application Decision Status	Approval Signatures		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Loan Officer	Approved <input type="checkbox"/>		Maturity Date	<input type="text"/>
		Rejected <input type="checkbox"/>		Cheque No	<input type="text"/>
	Manager	Approved <input type="checkbox"/>		Credit Agr No	<input type="text"/>
		Rejected <input type="checkbox"/>		Paid	<input type="text"/>
	Credit Committee	Approved <input type="checkbox"/>		Amount Applied For	<input type="text"/>
		Rejected <input type="checkbox"/>		Amount Approved	<input type="text"/>
	Board	Approved <input type="checkbox"/>		New Credit Limit	<input type="text"/>
		Rejected <input type="checkbox"/>		Comments	<input type="text"/>



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Member Number

Date

Teller

Section D - Data Protection

You have a right to request in writing to see your personal information, which is held by us as insurer, our associated companies and our agents. There may be a charge if you want to do this. For more details write to:

The Data Protection Co-ordinator, Sterling Insurance Company Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JX.

Information supplied by you or by the Credit Union may be used for administration purposes by us, our associated companies and our agents. We may pass the information to regulatory organisations which will monitor whether we are keeping to regulatory rules or codes. This information may also be used for research or for preventing crime. It may be transferred to any country (including countries outside the EU) for any of these purposes.

Sensitive Information

To assess your application we may need to collect information that the Data Protection Acts 1988 and 2003 define as 'sensitive' (such as a person's medical history or criminal convictions). By applying for coverage under this Group Policy you give us your permission to this information being processed by us, our associated companies and our agents. It may be transferred to any country (including countries outside the EU) for this purpose.

Preventing Fraud

We may make the information that you or the Credit Union has provided at the time of application for this policy available to other insurers for claims purposes. Insurers, lenders and their agents may also share information that you or the Credit Union have provided to them and may carry out checks against publicly available information as necessary.

Section E - Important Things you should know:

Please note that you will not be covered for an accident or sickness that is the result of any pre-existing medical condition unless at the time of a claim you have not had any symptoms, consulted a Doctor or received treatment in relation to such pre-existing medical condition for 24 months.

This policy will not cover you for unemployment, if at the loan start date, you knew you were going to be made unemployed, or if you had reason to believe that it was likely. Unemployment cover is not available within the first 90 days of your loan start date.

You must be out of work for at least 30 consecutive days to claim, however your benefit will be backdated to the first day that you are out of work.

The maximum number of months for which a claim will be paid is 24 months for an accident or sickness claim or 12 months for an involuntary unemployment claim.

Change of Circumstances

Your eligibility for cover under this Group Policy may change if your personal circumstances change. This would include, for example, if you retire from work and are not intending to actively seek further work or are no longer resident in the Republic of Ireland or the United Kingdom. If you decide that Payment Protection Insurance is no longer suitable and you wish to cancel it due to a change in your circumstances (for example, you permanently leave

Warning: The current premium may increase after 30 days written notice to the Credit Union following a periodic review of the Payment Protection Insurance program

Please see Section H of the Policy Document for further information on Premium Reviews.



ECCU

Assurance Company Limited

DECLARATIONS

Loan Protection Insurance

Ver 01.14

33-41 Lower Mount St. Dublin 2 | Phone +353 1 6146700 | Fax +353 1 6146702

Loan Protection Insurance

The Loan Protection Insurance Policy exists solely between ECCU Assurance and the Credit Union .
Credit Union staff should insure the member completes the form in line with Loan Protection Summary Guidelines.

Credit Union Name

Thurles Credit Union Limited

Contact Name

IMPORTANT - Informing ECCU about material facts

PLEASE REMEMBER THAT YOU MUST TELL US EVERYTHING RELEVANT IN ANSWER TO ALL OF THE QUESTIONS ON THE DECLARATION FORM. IF YOU DO NOT OR IF ANY OF THE ANSWERS TO THESE QUESTIONS ARE NOT TRUE AND COMPLETE, ANY INSURANCE COVER PROVIDED COULD BE VOIDED. A MATERIAL FACT (RELEVANT INFORMATION) INCLUDES ANYTHING WHICH A REPUTABLE INSURER WOULD REGARD AS LIKELY TO INFLUENCE THE ASSESSMENT AND ACCEPTANCE OF AN APPLICATION FOR INSURANCE.

Section A - Member Declaration (1 to 4 inclusive)

Part 1 Personal Details (please use block letters)

Member's Details	Loan Application Details
Name <input type="text"/>	Present outstanding loan balance €/£ <input type="text"/>
Account No. <input type="text"/>	Additional loan now required €/£ <input type="text" value="€0.00"/>
Date of Birth <input type="text"/>	Total loan balance for cover €/£ <input type="text"/>

Data Protection Disclosure and Consents

ECCU Assurance Company Limited, ("ECCU"), will hold your details in accordance with its Data Protection Policy and all applicable data protection laws and principles. Information you supply will be used for the purposes of administering your credit union's insurance policy with ECCU. This includes underwriting, storage and processing by computer and manual record systems, claims handling and fraud prevention. We may also collect sensitive personal data, e.g. information relating to your physical or mental health, to assess the terms of insurance cover or to administer claims which arise. We may share the information for these purposes with agents or service providers we have appointed, regulatory organisations, other insurance and reinsurance companies, those to whom we outsource certain business operations and as required by law. You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003, for which a small fee is chargeable. By providing us with your information and signing Section A of this form, you consent to all of your information being used, processed, disclosed, transferred and retained by ECCU and your credit union.

Part 2

Which of the statements below best describes your normal occupation or duties?

- Working** - means actively at work and regularly performing all the usual duties of your occupation; or
- not actively at work solely because of a temporary minor sickness or injury; or
- not actively at work solely because of a maternity leave, parental leave, redundancy, unemployment or other lack of work, strike or holiday provided that you are at that time physically and/or mentally able to be active at work and can regularly perform all the usual duties of your occupation.
- Retired** - means someone who is retired from paid employment (other than on ill health grounds) and able to carry out the normal duties of a retired person.
- Student** - means a full time education student, aged 16 years or older actively and regularly performing all of the usual activities of a student of the same age.
- Homemaker** - means a housewife, househusband or homemaker actively and regularly performing all of the usual duties of a homemaker.
- None of the above**

Part 3

I confirm I am fit to follow my normal occupation or duties (as indicated in Part 2).

Yes No

Part 4

Are you receiving an illness or injury related benefit for more than 3 months?

Yes No

Member Signature

X

Date

/ /

Section B - Specialist Declaration

Have you been referred to or seen by a specialist or consultant at a hospital or clinic in the last 12 months with the exception of routine antenatal check-up's or routine orthopaedic treatments (except back conditions)?

Yes No

Member Signature

X

Date

/ /

Section C - Declaration of Health

Member's Name

Height

Weight

1. In the last 5 years have you been diagnosed with or had treatment for:

a. heart disease, stroke, circulatory problems, raised blood pressure or diabetes?

Yes No

b. stomach, bowel, liver, pancreas, kidney disease?

Yes No

c. lung conditions?

Yes No

d. cancer or other growths?

Yes No

e. anxiety state, depression, other mental nervous disorder or stress related condition?

Yes No

f. back pain, slipped disc, whiplash or back trouble?

Yes No

g. arthritis?

Yes No

h. multiple sclerosis, Parkinson's, Alzheimer's or other neurological disease?

Yes No

i. alcohol / drugs related problems?

Yes No

j. visual defect, other than one corrected by prescription glasses, or hearing problem?

Yes No

k. HIV/AIDS, Hepatitis B or C or any sexually transmitted disease?

Yes No

l. other diseases/disorders?

Yes No

2. Do you smoke or have you smoked in past 12 months?

Yes No

3. Are you currently suffering from any medical condition or injury or are you currently being prescribed medication (e.g. tablets or medicine)?

Yes No

4. Has a disability benefit EVER been paid on your behalf by ECCU Assurance Co. Ltd?

Yes No

If you have answered "Yes" to any of the questions please provide details below.

Nature of illness / treatment

Dates and times off work

Name and address of present GP

Please provide the details of your previous GP, if you changed your doctor within last two years

Section C continued overleaf

Section C (Continued)

Declaration

1. I have read over the replies to all questions and declare that the above statements (including any statements written down at my dictation) are **TRUE** and **COMPLETE**. I have read and understand the note concerning telling ECCU about material facts and understand that if I have not revealed all material facts this cover could be rendered null and void.
2. I agree that ECCU may ask my present doctor for information about my physical and mental health for the purpose of assessing the risk of providing loan protection insurance cover to me and I authorise the giving of such information.
3. I understand that I may be asked to undergo medical examination and that the information I give to the medical examiner acting on behalf of ECCU will form part of this Declaration of Health.
4. I understand that I must tell ECCU about any changes in my health and/or circumstances before my loan is drawn down.
5. I understand that insurance cover will not begin until this Declaration of Health has been accepted by ECCU.
6. I agree that ECCU, its servants and agents, may process and hold (on computer database and otherwise) the information disclosed by me, or on my behalf in relation to this declaration (together with such other information as ECCU may obtain separately) including sensitive personal data (namely medical details and financial records) for the purposes of providing products or services and for administrative purposes.
7. I agree that ECCU, its servants and agents, may disclose my personal data to persons deemed necessary in connection with the above purposes, to regulatory authorities or as may be required by law, to its reinsurers and health professionals.

Member's Address

Member Signature

Date

 / /

Section D - Cover Decision (for ECCU use only)

BMI

CMO approval (where applicable): On the Medical Evidence submitted it is my opinion that cover CAN / CANNOT be granted in this instance subject to the following exclusions from cover:

Signed

Date

 / /

Disability Cover Approved

Disability Cover NOT Approved

Life Cover Approved with exclusion (see below)

Life Cover Approved

Life Cover NOT Approved

Exclusion(s) from Death Cover Applied:

Signed for ECCU

Date

 / /

Section E - Members Acknowledgement & Acceptance of Terms of Cover.

I understand and accept the terms of the cover as stated in Section D.

Signed

Date

 / /

NB For Credit Union: This form should be filled in by the member in accordance with Loan Protection Summary Guidelines.



Loan Protection Insurance

The Loan Protection Insurance Policy exists solely between ECCU Assurance and the Credit Union.
Credit Union staff should insure the member completes the form in line with Loan Protection Summary Guidelines.

Credit Union Name

Thurles Credit Union Limited

Contact Name

IMPORTANT - Informing ECCU about material facts

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Member Signature

X

Date

/ /

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Member Signature

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Date

/ /

Section C - Declaration of Health

Member's Name

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Yes No

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Yes No

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Yes No

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Yes No

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Section C (Continued)

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2. I agree that ECCU may ask my present doctor for information about my physical and mental health for the purpose of assessing the risk of providing loan protection insurance cover to me and I authorise the giving of such information.
3. I understand that I may be asked to undergo medical examination and that the information I give to the medical examiner acting on behalf of ECCU will form part of this Declaration of Health.
4. I understand that I must tell ECCU about any changes in my health and/or circumstances before my loan is drawn down.
5. I understand that insurance cover will not begin until this Declaration of Health has been accepted by ECCU.
6. I agree that ECCU, its servants and agents, may process and hold (on computer database and otherwise) the information disclosed by me, or on my behalf in relation to this declaration (together with such other information as ECCU may obtain separately) including sensitive personal data (namely medical details and financial records) for the purposes of providing products or services and for administrative purposes.
7. I agree that ECCU, its servants and agents, may disclose my personal data to persons deemed necessary in connection with the above purposes, to regulatory authorities or as may be required by law, to its reinsurers and health professionals.

Member's Address

Member Signature

Date

 / /

Section D - Cover Decision (for ECCU use only)

BMI

CMO approval (where applicable): On the Medical Evidence submitted it is my opinion that cover CAN / CANNOT be granted in this instance subject to the following exclusions from cover:

Signed

Date

 / /

Disability Cover Approved

Disability Cover NOT Approved

Life Cover Approved with exclusion (see below)

Life Cover Approved

Life Cover NOT Approved

Exclusion(s) from Death Cover Applied: _____

Signed for ECCU

Date

 / /

Section E - Members Acknowledgement & Acceptance of Terms of Cover.

I understand and accept the terms of the cover as stated in Section D.

Signed

Date

 / /

NB For Credit Union: This form should be filled in by the member in accordance with Loan Protection Summary Guidelines.



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Phone : 0504-91700 Fax : 0504-21557
Web : www.thurlescu.ie Email : info@thurlescu.ie

Member Number

Date

Teller

Reschedule Details

Previous Loan

Repayment

Final Date

Term

Frequency

Purpose

New Loan

Repayment

Final Date

Term

Frequency

Purpose

Member
Signature

X

Member 2
Signature

X

Print Name

Print Name

Date

Date

Credit Union
Representative
Signature

Date