



**EMERGENCY LOAN APPLICATION**

**Member Number**

<b>Applicants</b>	Prime	Joint
First Name/s	_____	_____
Surname	_____	_____
Date of Birth	_____	_____
Current Address	_____	_____
	_____	_____
Phone Number	_____	_____

<b>Income</b>	Prime	Joint	Total
	_____	_____	_____

**INCOME SOURCE:** WAGES  PENSION/FAMILY PAYMENT  OTHER

**FREQUENCY:** WEEKLY  FORTNIGHTLY  MONTHLY

**Purpose of Loan:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A COPY OF BILLS MUST BE ATTACHED

**Amount of Loan:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Prime Applicant Signature

\_\_\_\_\_  
 Joint Applicant Signature

\_\_\_\_\_  
 Staff Witness Signature

\_\_\_\_\_  
 Staff Witness Signature

**OFFICE USE ONLY**

Approved  Declined

Approving Officer: \_\_\_\_\_

Amount of Loan: \_\_\_\_\_ Repayments per Fortnight: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CUBECS Supplier Number: \_\_\_\_\_

Officers Signature upon completion: \_\_\_\_\_

Application Number: