CUSTOMS CREDIT CO-OPERATIVE SOCIETY (S) LTD.
35 Selegie Road #04-01, Parklane Shopping Mall, Singapore 188307
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UNSECURED RENOVATION/MEDICAL/EDUCATIONLOAN APPLICATION

(SURETY / NO SURETY)

Membership No. :_____ Date Joined : _____

PART I – PERSONAL PARTICULARS

NAME (as in NRIC) inBlock_____ Male/Female

NRIC : _____ Pink/Blue Age : _____ Date of Birth : _____ Marital Status : Single/Married

Residential address: _____ Postal Code: _____

Email address: _____***Bank Name &Account No***:_____

Contact No: _____ (Home) _____ (Office) _____ (Mobile)

Job title (Rank): _____Branch : _____ Date employed_____

Gross Salary: $ _____pm *Take-home Salary: $ _____ pm **(to exclude OT & allowances)*

PART II– LOAN DETAILS (to be filled by applicant) & DOCUMENTS SUBMISSION

[ ] A copy of applicant's NRIC is required [ ] A copy of applicant's latest pay slip must be submitted

Loan amount required : $_____(Dollars :_____) Interest at 6% per annum.

Purpose of Loan : _____ Proposed repayment plan : _____months

I offer security in the form of: [ ] Paid up subscription. (Please tick).

I authorize the Head of Department or officer duly authorize to deduct from my salary $_____ on account of principal with interest at 6% per annum from the month of repayment of the loan onwards till the loan is fully repaid. I agree to pay a surcharge of $20.00 per month in the event of default in my loan repayment. I also agree to inform the society of any change in my address. In the event that I fail, neglect, or refuse to inform the society of the change in my address, the society may use my last known address to serve all correspondence and Court Documents and such service shall be considered good and proper service and would be considered as rightly served. **I also authorise the society to deduct from my thrift/general savings and share capital to offset my outstanding loan balance.**

Signature of Applicant:_____Date : _____

PART III – DECLARATION (Important : Applicant please read carefully before you sign)

I declare and agree to the following :

(a) that I have made full disclosure of all facts and information in Part I and II above;

(b) that I authorize the Society to obtain and verify any personal information about me;

(c) that I am not an undischarged bankrupt, and also that no statutory demand has been served on me nor legal proceedings taken against me;

(d) that I agree to pay the loan amount or a reduced amount approved by the Society, and I hereby authorize my employer to deduct from my salary the loan repayment in equal monthly installments until the loan is completely paid within the mutually agreed loan repayment plan;

(e) that I am not a surety/ guarantor for any other loan with any other organization;

(f) that I understand that the Society reserves the right to decline my application for the loan without giving any reason(s) whatsoever:

(g) that I have not taken any loan from other thrift and loan co-operatives, banks or other financial credit companies;

(h) that I have no plans to take a loan and resign from my employment and I am committed to pay the loan; and

(i) that in the event I default repayment of the loan for a period up to a maximum of two monthly installments, the Society may take legal action to recover the outstanding loan and interest payable. I also agree that if I default in the payment of this loan, the Society may list my name in DP SME Credit Bureau's record and I may be assessed by financial institutions and other approving credit companies. All legal costs, incidental expenses and disbursements incurred by the Society in claiming for the non-payment of my outstanding loan shall be fully paid by me on indemnity basis.

_____ _____

Signature of Applicant Date:

PARTIV – CREDIT COMMITTEE'S DECISION & BOARD OF DIRECTORS' APPROVAL

	Salary	**Thrift Savings**	**Current Liabilities**	**Eligibility**	**Remarks**
Applicant		Rate pm	Bond No:		
		Balance :			

Date :_____ Name of Processing Officer & Signature: _____

Approved / Rejected:$_____ Repayment period : _____ months

Outstanding Loan : $_____ Principal at : _____ per month

Total : $_____ Interest at 6% : _____ per month

Total Repayment: _____ per month

Approved by Credit Committee	**Approved / Rejected by Board of Directors**
_____ _____ _____ **Chairman Secretary Committee Member** **Date :_____**	_____ **Chairman** **BOD Meeting Date:** **Board of Directors** _____ **Date :_____**

SURETIES FORM - PART I (to be filled by individual sureties)

Particular	**Surety No. 1**	**Surety No. 2**
NAME (as in NRIC) IN BLOCK		
NRIC No.	(Pink/Blue)	(Pink/Blue)
Place of Birth (& Age)		
Marital Status		
Residential address		
Email address		
Telephone Home -		
Mobile -		
Office -		
Job title		
Office name		
Salary (pm) Gross (pm)	$	$
Take Home (pm)	$	$
Outstanding loan with the Society (if yes, state the outstanding amount)	□ Yes □ No $	□ Yes □ No $
Surety for any other Co-op member's loan (if yes, state the outstanding amount)	□ Yes □ No $	□ Yes □ No $
Total financial liabilities	As borrower As surety	As borrower As surety
Banks	$ $	$ $
Co-ops/Societies	$ $	$ $
Others	$ $	$ $
Name of Loan Applicant		Relationship to Loan Applicant :
Loan amount guaranteed by Surety	$	

Important: Surety, please read carefully before you sign)	**Surety No 1**		**Surety No 2**	
	Yes	**No**	**Yes**	**No**
I, as a surety, declare:				
(a) that I agree to be a guarantor for the loan of the applicant named above;	□	□	□	□
(b) that I have made full disclosure of all facts and information of myself in above ;	□	□	□	□
(c) that I am not an undischarged bankrupt and no statutory demand hasbeen served on me nor legal proceedings taken against me;	□	□	□	□
(d) that I agree to be a surety for the loan applied for by the applicant, and includes a reduced amount of the loan approved by the Society;	□	□	□	□
(e) that I authorize the Society to obtain and verify any personal information about me; and	□	□	□	□
(f) that I will monitor the loan repayment of the applicant and/or also enquire on the status of payments from the Society and that I am fully aware ofmy responsibility and liability as a surety.	□	□	□	□

_____ _____

Signature of Surety No 1 Signature of Surety No 2

_____ _____ _____ _____

Name of Surety No 1 Date Name of Surety No 2 Date

SURETIES FORM – PART II DOCUMENTS TO BE SUBMITTED BY SURETIES

[ ] A copy of surety's NRIC.

[ ] Latest Notice of Income Tax Assessment/CPF Statement for self-employed Surety.

[ ] Latest Pay Slip for employed Surety.

SURETIES FORM – PART IIIINDEMNITY BY SURETIES (to be filled by the respective sureties)

I/We, the undersigned hereby jointly and severally agree that if the said applicant fails to repay the said loan and/or any installment payment connected with or related to the said loan together with the accrued interest thereon including all costs, charges and expenses incurred by the Customs Credit Co-operative Society (S) Ltd then I/we shall on demand pay to the Customs Credit Co-operative Society (S) Ltd or their Assignee the aforesaid sum.

I/We, further jointly and severally agree that if I/we fail to discharge the said loan and/or any installment payment connected with or related to the said loan together with the accrued interest including all costs, charges and expense incurred by the Customs Credit Co-operative Society (S) Ltd, the aforesaid Society shall proceed directly to recover the aforesaid sum from us.

I/We, also jointly and severally further agree to indemnify the Customs Credit Co-operative Society (S) Ltd for all the expenses incurred including legal costs on an indemnity basis in the recovery enforcement or execution for the aforesaid sum.

Dated this _____ day of _____ 20_____.

Name of Surety No.1 _____ Name of Surety No. 2 _____

Signature of Surety No.1_____ Signature of Surety No. 2 _____

Witness Name :_____ Signature of Witness :_____

FOR OFFICIAL USE

Loan amount : $_____

Interest: 6% $_____

Admin fee :3%$_____

Cheque Amount: $_____

Administration fee charged shall be deducted from the loan amount approved by the Society.

ACKNOWLEDGEMENT AND AGREEMENT TO NOTIFY CHANGE OF ADDRESS

I acknowledge and will confirm receipt of funds by email to cccsl@singnet.com.sg

I hereby under undertake to produce the renovation invoice /medical bill / education institute's voice and receipt of payment

I also agree to inform the society of any change in my address. In the event that I fail, neglect or refuse to inform the society of the change in my address, the society may use my last known address to serve all correspondence and Court Documents and such service shall be considered good and proper service and would be considered rightly served.

Name of Recipient_____ Signature of Recipient _____

Name of Staff/Official: _____ Signature of Staff/Official: _____