

GORTT / Credit Union COVID-19 EMERGENCY LOAN LOAN APPLICATION FORM

1. LAST NAME: _____ FIRST NAME: _____ OTHER NAMES: _____

2. ADDRESS: _____

3. CONTACT INFO: TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

4. ARE YOU A NATIONAL OF TRINIDAD AND TOBAGO? YES / NO

5. ARE YOU A PERMANENT RESIDENT OF TRINIDAD AND TOBAGO? YES / NO

6. IDENTIFICATION INFORMATION:

ID CARD _____ PP _____ DP _____

NIS NUMBER _____ CREDIT UNION MEMBERSHIP NUMBER _____

7. EMPLOYMENT STATUS

a. WERE YOU RETRENCHED DUE TO COVID-19 REGULATIONS? YES / NO

EFFECTIVE DATE OF RETRENCHMENT: _____

b. WAS YOUR INCOME REDUCED DUE TO COVID-19 REGULATIONS? YES / NO

EFFECTIVE DATE OF INCOME REDUCTION: _____

PREVIOUS INCOME: \$ _____ PERIOD: DAILY/WEEKLY/BI-WEEKLY/MONTHLY

CURRENT INCOME: \$ _____ PERIOD: DAILY/WEEKLY/BI-WEEKLY/MONTHLY

c. EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

CONTACT NAME: _____ PHONE NUMBER: _____

8. IF SELF EMPLOYED, TRADING or BUSINESS NAME: _____

IS THE BUSINESS REGISTERED? YES / NO

ADDRESS OF BUSINESS: _____

EFFECTIVE DATE OF INCOME REDUCTION: _____

PREVIOUS INCOME: \$ _____ PERIOD: DAILY/WEEKLY/BI-WEEKLY/MONTHLY

CURRENT INCOME: \$ _____ PERIOD: DAILY/WEEKLY/BI-WEEKLY/MONTHLY

9. LOAN AMOUNT REQUESTED¹: \$ _____

INTEREST RATE : 0.50 % per month (reducing balance basis)

10. PROPOSED PERIOD TO REPAY (Maximum 24 Months) : _____

11. SCHEDULED REPAYMENT AMOUNT²: \$ _____ (WEEKLY, BI-WEEKLY, MONTHLY)

APPLICANT DECLARATION

I, _____, confirm that I am not seeking a similar Government Funded loan from any other Credit Union with respect to the COVID 19 Regulations. I hereby declare and certify that the above information is accurate. I undertake to commence repayment of the loan following the removal of the COVID 19 restrictions upon my employment sector.

MEMBER'S SIGNATURE: _____ DATE: _____

FOR CREDIT UNION USE ONLY

APPROVED

DECLINED

_____ confirms that the applicant has/has not met the criteria
(Credit Union)

outlined for the loan and has been subject to our usual procedures for due diligence.

Recommended:

AUTHORIZED SIGNATURE: _____ DATE: _____

NAME (BLOCK LETTERS): _____

Approved:

AUTHORIZED SIGNATURE: _____ DATE: _____

NAME (BLOCK LETTERS): _____

¹(50% of salary for 3 months to a maximum of \$5,000 per month):

²(to be determined upon commencement of loan repayment):

ATTACHMENT CHECKLIST

- Copies of Two forms of Picture ID (One must be National ID or Passport)
- NIS Number
- Proof of Address
- Proof of Employment (Job letter or Salary Slip)
- Evidence of Income (Self Employed)
- Letter from Employer outlining intention to continue employment
- Letter of Notice of Retrenchment
- Letter of Notice of Reduction of Pay with effective date