



JAMAICA DEFENCE FORCE CO-OPERATIVE CREDIT UNION LTD.

UP PARK CAMP, KINGSTON 5, JAMAICA, W.I.
 Tel: (876) 926-3870, 926-8121-9 Ext 2040-5, Fax: (876) 960-5577

GOLDEN HARVEST LOAN APPLICATION		
DATE OF APPLICATION		
TRN#		
A/C#		
NAME		HOME ADDRESS
CONTACT NUMBER(S)		OFFICE ADDRESS
DATE OF BIRTH	NAME, ADDRESS AND CONTACT NUMBER NEAREST RELATIVE	
MONTHLY SALARY	REQUESTD AMOUNT	PRESENT BALANCE (Office use only)
TOTAL LOAN (Office use only)	PROCESSING FEE (Office use only)	NEW LOAN BALANCE (Office use only)
MONTHLY REPAYMENT (Office use only)		SHARE BALANCE (Office use only)

I HEREBY AGREE TO COMPLY WITH ALL THE TERMS, RULES AND REGULATIONS OF THE CREDIT UNION NOW IN FORCE OR WHICH MAY HEREAFTER BE ADOPTED. THE STATEMENTS HEREIN MADE WERE MADE FOR THE PURPOSE OF OBTAINING THE LOAN AND ARE TRUE TO THE BEST OF MY KNOWLEDGE.

ONCE YOU HAVE COMPLETED AND SUBMIT THIS APPLICATION IT WILL BE PROCESSED IMMEDIATELY BUT FUNDS WILL NOT BE DISBURSED UNTIL YOU SIGN THE APPLICATION.

Office use only

ROD

 Signature of Applicant

ID#

Received from the J.D.F CO-OPERATIVE CREDIT UNION LTD. The amount of _____

(\$ _____) Payable by **Cash** [] **Cheque** []

Prepared by _____

Date _____

Approved by _____

Date _____

Received by _____

Date _____