

Also if the holder thereof after default shall place this note in the hands of its solicitor (or licensed collection agency) for collection, the undersigned agree to pay and additional sum as a fee for collection equal to twenty-five per cent of the entire obligation which remains due and unpaid after there has been credited to the maker, the amount of his or her share account in the Credit Union and after there has also been applied in reduction such sums if any as may be realized from the sale of any other Security in the possession of the Credit Union, which is being held as collateral against the loan; such charge for collection in no event to be less than five dollars.

In the event of termination of my services by me or my employer, I undertake to authorize my employer to deduct the unpaid balance to this loan from all or any monies due me at the time of such termination and if the said amounts is not paid I shall further authorize my new employer within or outside St.Lucia to pay the said unpaid balance of his loan, to the Elks City of Castries Co-operative Credit Union Limited.

However, I agree to repay in full the amount outstanding at the date of my termination of service.

Witness: _____ Signature of Applicant _____

Date: _____ Date: _____

Checked by _____ Credit Officer.

Credit Officers' Instructions/Comments _____

LOAN APPROVED BY MANAGER OR AUTHORIZED PERSON

Date: _____

SECTION 111

TO BE COMPLETED BY THE OFFICE

Date of Application _____ Date Member Joined _____ A/C No. _____

Share Balance \$ _____ Deposit Balance\$ _____

LOAN		DATE APPROVED	TOTAL AMOUNT \$	TOTAL BALANCE \$	MONTHLY REPAYMENT \$	PERIOD OF REPAYMENT	LOAN STATUS
No.	Code						
1							
2							
3							

Loan Status: In good standing **A** Rescheduled **B** Delinquent **C**

SECTION 1V
FOR OFFICIAL USE ONLY

Disbursement Voucher No.: _____ Cheque No.: _____ Amount \$ _____ Checked By _____

Date _____ Payment approved by _____ Date _____

Ratified by Credit Committee: _____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____