



Credit Unions

# Fast Track Application for Top-Up to existing Save-As-You-Borrow Loan

No:

Title \_\_\_\_\_ First Name \_\_\_\_\_  
(Mr, Mrs, Miss, Ms, other)

Surname \_\_\_\_\_

**Use this fast track form to apply for a top-up loan where you meet the criteria below. Otherwise use a full loan application.**

Six months since original SAYB loan  Three months since last top-loan  Loan repayments on-time and no recent CUCA letters.

My income has not reduced and I have not taken on or increased other debts or CCJs since my last full loan application to Lewisham Plus Credit Union Limited.

I have not applied for or entered into a bankruptcy order, IVA, debt collection or Debt Management Plan and am not intending to do so in the next twelve months.

Current Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Mobile \_\_\_\_\_

**Please bring proof of your ID and adress with this form and when you sign the loan agreement.**

Time at current address  /  Landlord (If not a home owner) \_\_\_\_\_  
(Years / Months)

I apply for a **top-up loan to the limit granted on my previous SAYB loan** and declare:

- 1) At this time and to the best of my knowledge and belief, I am (am not) in good health and will (will not) be able to follow my normal occupation(s) if and when appropriate. *(Please cross out as required)*
- 2) I am not indebted to any other credit union, bank or loan agency, either as a borrower or guarantor, except as stated on my full loan application.
- 3) The statements given on this form for the purpose of obtaining a loan are true to the best of my knowledge and belief.

**Important - Your Personal Information:** We may use credit reference and fraud prevention agencies to help us make decisions. What we do and how both we and credit reference and fraud prevention agencies will use your information is detailed in the leaflet called: **Data Protection: A Guide to the use of your personal information by ourselves and at Credit Reference and Fraud Prevention Agencies.** By confirming your agreement to proceed you are accepting that we may use your information in this way.



Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to: **Lewisham Plus Credit Union Limited,**  
**262 Kirkdale, Sydenham, London SE26 4RS, or your local branch.**  
**Tel: 020 8778 4738 Email: Admin@pluscu.co.uk www.pluscu.co.uk**

*Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and The Prudential Regulation Authority - Firm Reference 213588*

ID verified wth copy in Curtains  Application declined Loan Agreement produced by: \_\_\_\_\_

Application checked by \_\_\_\_\_  Application referred \_\_\_\_\_