



**AIRPORTS AUTHORITY OF TRINIDAD AND TOBAGO
CREDIT UNION CO-OPERATIVE SOCIETY LTD.**

South Terminal, Piarco International Airport
Golden Grove Road, Piarco, Trinidad, W.I.
Tel: 1 (868) 235-3599 (Trinidad); 1 (868) 639-7831 (Tobago)
Email: aattcreditunion@yahoo.com | Web: www.aacu.co

SHORT-TERM LOAN APPLICATION FORM

Date:

(dd/mm/yyyy)

Branch:

SECTION A – APPLICANT DETAILS

Full Name:

A/C No:

Address:

Trinidad

Tobago

Resident

Non-Resident

Phone: (H)

(W)

(C)

Email:

Date of Birth (dd/mm/yyyy):

Identification: Type:

ID

DP

PP

No.:

Expiry:

Date of Issue:

Country:

Employment/Occupation:

Employer's Name:

Employer's Address:

SECTION B – LOAN DETAILS

Loan Product:

Quick Cash

Soft Loan

FlexiCash Loan

Initials: _____

Amount Requested:

\$500	\$3,000
\$1,000	\$4,000
\$1,500	\$5,000
\$2,000	

Preferred Repayment Term (applicable for \$3,000 and over):

6 months

9 months

12 months

SECTION C – FINANCIAL INFORMATION**Monthly Income:****Other Income:****Existing Loans/Debts:****Net Disposable Income:****SECTION D – APPLICANT'S DECLARATION**

I hereby declare that the information provided is true and complete. I authorise the Airports Authority Credit Union to verify all information and use it for the purpose of evaluating this loan application.

I also authorize my employer _____ **to pay to the airports Authority**

Credit Union the sum of _____ **dollars commencing from** _____ **to** _____ .

Signature of Applicant:

Date (dd/mm/yyyy):

Initials: _____

SECTION E – FOR OFFICIAL USE ONLY

Reviewed by:

Date Received: (dd/mm/yyyy):

Application Status:

Complete

Incomplete

Checked and Verified by:

Date Loan Processed:

Cheque/ACH No.:

Disbursement Date:

Application Reference No:

SECTION F – MANAGER/CREDIT COMMITTEE APPROVAL

On the _____, we the undersigned confirm that the above loan application has been reviewed in accordance with the organization's policies and procedures and approve the loan in the amount of _____ (\$ _____) to be repaid in monthly installments of _____ (\$ _____) inclusive of interest for a term of _____ months.

Approved as Applied

Approved with modifications (specify below):

Deferred (additional information required)

Declined

Approved by:

Name

Position

Signature

Date

Initials: _____