

I confirm that in the past 12 months I have had no medical treatment, consultation, investigations or surgery for any of the following conditions:  
Cancer, Cardiovascular Disease (Heart Attack, Angina), Cerebrovascular Disease (Stroke, Brain Haemorrhage), diabetes or any disease of the Kidneys, Liver or Lungs. Nor have I had any other hospital in-patient treatment.  
I confirm that I am currently in good health.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

If you are unable to complete Section A please give details of the condition suffered including details of treatment and dates. Use separate sheet if required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use and Disclosure of Information: We may use credit scoring when considering your application and may search the files of credit reference agencies and debt recovery, for which purposes we hold a Category F customer credit license. They may keep a record of the search. We may also carry out identity and anti-fraud checks. This information will be used by lenders and others in making lending decisions about you and members of your household, for fraud prevention or tracing debtors. We may give credit reference agencies details of non-payment when we make demands but receive no satisfactory proposals for repayments.

Department of Work and Pensions: I agree that if I default on repayments, information about my loan may be passed to the Department of Work and Pensions for their consideration of deductions from benefits that I am or will become entitled to.

Data Protection Act 1998: Your personal information will be treated as confidential and only disclosed A. at your request B to prevent fraud or by order of the Courts. You are entitled to a copy of the information we hold about you by writing to us and requesting it. There is a fee for this service.

Signed _____	Date _____
--------------	------------

Identification provided NOT TO BE COMPLETED BY MEMBER

Bank \_\_\_\_\_ Sort Code \_\_\_\_\_ Account No. \_\_\_\_\_

Address Verified \_\_\_\_\_

Identification provided for guarantor (if applicable)

Bank \_\_\_\_\_ Sort Code \_\_\_\_\_ Account No. \_\_\_\_\_

Address Verified \_\_\_\_\_

Place of Employment \_\_\_\_\_

National Insurance No. \_\_\_\_\_

Passed/Refused Date \_\_\_\_\_ Signature of committee \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_