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The Cayman Islands Civil Service Association (CICSA)  
**Co-operative Credit Union Ltd.**

P O Box 1450, Grand Cayman KY1-1110, Cayman Islands (345) 949-8415 Fax: 949-8910  
P O Box 262, Cayman Brac KY2-2101, Cayman Islands (345) 948-0655 Fax: 948-0409  
Email: [cicsacu@candw.ky](mailto:cicsacu@candw.ky) Website: [www.cicsa-creditunion.org](http://www.cicsa-creditunion.org)



# OVERDRAFT XPRESS *TOP UP* APPLICATION

MEMBER ACC #

DATE: \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Birth Date \_\_\_\_\_  
DD/MM/YYYY

Cell No. \_\_\_\_\_ Work Ph. No. \_\_\_\_\_

Co-applicant's Name & Relationship \_\_\_\_\_

Cell No. \_\_\_\_\_ Work Ph. No. \_\_\_\_\_

Cash Now Required \$ \_\_\_\_\_ Purpose \_\_\_\_\_

*CICSA Co-op Credit Union Ltd  
Officials Use Only*

Date: \_\_\_\_\_

Approved Overdraft Xpress  
Limit \$ \_\_\_\_\_

Reviewed & approved by:

\_\_\_\_\_  
SIGNATURE

I hereby apply for an increase in my Overdraft Xpress loan to \$ \_\_\_\_\_ for a period of 36 months to be repaid in (\$ \_\_\_\_\_) monthly payments of \$ \_\_\_\_\_ including interest commencing \_\_\_\_\_, 20\_\_\_\_\_.

I hereby agree to comply with all the terms, conditions, rules and regulations of The CICSA Co-op Credit Union Ltd now in force or which may hereafter be adopted. I acknowledge that all terms and conditions of my Overdraft Xpress Loan Agreement remain in effect. You are authorized to check my credit history with any creditor and give information on my credit history with the CICSA Co-op Credit Union Ltd. If the increase is approved, the funds will be deposited to my regular savings account within 3 business days. In case of any default as herein agreed, unless excused by Board of Directors, the entire balance of this loan shall become immediately due and payable on demand. This loan shall also become due and payable when the borrower becomes bankrupt, or leaves the Cayman Islands without giving at least six months' notice or loses his or her membership in the CICSA Co-Operative Credit Union Ltd.

Open / Reactivate / Re-open regular savings account	SUB	INITIALS	INITIALS	DATE
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I confirm that nothing has changed in my finances since my last application dated \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Co-Applicant

**Special Notes:**