



## Credit Reference/Lime Guarantee Request

CICSA Co-operative Credit Union Ltd.  
P O Box 1450, Grand Cayman KY1-1110, CAYMAN ISLANDS  
Telephone: 345-949-8415 Fax: 345-949-8910  
Website: [www.cicsa-creditunion.org](http://www.cicsa-creditunion.org)

- CREDIT REFERENCE - Minimum \$100.00 Balance (Fee \$20.00 3 Day Service, \$30.00 Express Service)  
 LIME GUARANTEE Amount \$ \_\_\_\_\_

Member Name: _____		Member Number _____	
Member Address: _____		Phone Number: _____	
Addressed To (Name of Company or Person): _____			
Addressee Address: _____			
Date Ordered: _____		Pick Up Date: _____	
Purpose of Credit Reference: _____			
<u>By signing this Credit Reference request, I hereby authorize The CICSA Co-op Credit Union to release any additional information required to the above addressee upon contact.</u>			
_____		_____	
Member Signature/Authorized Signatory		Witness Signature, CU Employee	

<b><u>Authorization to Debit</u></b>	
Please debit account number _____ Shares/Savings/Xmas Sub _____ in the amount of \$ _____ representing payment for my Credit Reference.	
_____	
Member Signature/Authorized Signatory	

<b><u>INTERNAL USE ONLY</u></b>		
Loan Balance: CI\$ _____	US\$ _____	Figure Range _____
Loan Balance: CI\$ _____	US\$ _____	Figure Range _____
Loan Balance: CI\$ _____	US\$ _____	Figure Range _____
Loan Balance: CI\$ _____	US\$ _____	Figure Range _____
TOTAL LOANS: CI\$ _____	US\$ _____	Figure Range _____
Shares Balance: CI\$ _____	US\$ _____	Figure Range _____
Savings Balance: CI\$ _____	US\$ _____	Figure Range _____
Cash Advances CI\$ _____	US\$ _____	Figure Range _____
Fixed Deposit: CI\$ _____	US\$ _____	Figure Range _____
Date Joined: _____	Delinquent: Yes/No	Days Delinquent _____
DD/MM/YYYY		
_____		_____
PREPARED BY		AUTHORIZED BY