



CICSA Co-op Credit Union Ltd.

P.O Box 1450, Grand Cayman KY1-1110

CAYMAN ISLANDS

Telephone: 345-949-8415 or Fax: 345-949-8910

Loans Receptionist Desk: 815-4222

Email: topups@cicsacu.com.ky

Xpress TOP UP

Requirement:

- Photo identification required e.g. driver's license, voters' card or passport
- Minimum amount to Top up \$700
- Processing Fee \$25
If emailing, please initial the appropriate box ON APPLICATION indicating how you would like to pay the processing fee:
 - A. Debit available funds from regular savings**
 - B. Please debit fee from loan proceeds**
 - C. All loan payments are due at or before the end of each month.**
 - D. Member(s) who is/are late two (2) or more months within six (6) months before the request for a top-up will not be eligible.**

Purpose:

- Any provident or productive purpose



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

Website: www.cicsa-creditunion.org

LN# _____

OVERDRAFT XPRESS TOP UP APPLICATION

MEMBER ACCT #

DATE: _____

Name _____
First Middle Last

Birth Date _____ Employer _____
DD/MM/YYYY

Cell No. _____ Work Ph. No. _____

Co-applicant's Name & Member Acct# _____

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

I confirm that I have not obtained any other debt/loan since my last application dated _____ 20 _____.

Witness

Signature of Applicant

Witness

Signature of Co-Applicant

Please initial the appropriate box giving CICSA CO-OP CREDIT UNION permission to debit Non- Refundable Processing fee

A. Please debit available funds from my regular savings sub ____, OR

INITIALS

B. Please debit fee from loan proceeds

INITIALS

C. All loan payments are due at or before the end of each month.
D. Member(s) who is/are late two (2) or more months within six (6) months before the request for a top-up will not be eligible.