



Loan agreement Number _____

LOAN APPLICATION

Grant of a loan amount € _____ (in words) _____

and in addition the amount of € _____ (in words) _____

which is necessary for the repayment of the previous loan.

Final amount application € _____ (in words) _____

NAME: _____ I.D. NUMBER: _____

SOCIAL INSURANCE NUMBER: _____ DATE OF BIRTH: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS (if different from above): _____

HOME TELEPHONE NUMBER: _____ MOBILE NUMBER: _____

HOTEL NAME: _____

POSITION: _____ INCOME: ANNUAL SALARY: _____

PURPOSE OF THE LOAN: RESIDENTIAL ILLNESS EDUCATION

The application in all loan purposes must necessarily be accompanied by appropriate supporting documents and certificates, otherwise the application lapses.

I accept my inclusion in the life insurance plan YES NO

I declare that I have read the loan agreement and I have been explained the terms of the agreement and I fully understand my responsibility and conditions contained in this.

I have read, been informed, understand my rights according to the Personal Data Protection Law (protection of person) and I give freely and with full knowledge my express consent and acceptance to maintain in file/s electronic/s or other/s and the legal processing of all the information which concern me (including sensitive data referred to above).

SIGNATURE APPLICANT _____ **DATE** _____ / _____ / _____