Section 1 Your Organisation

| Your organisation name: | | |
|-------------------------|---------------------------|--|
| Address: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Contact name: | Position in organisation: | |
| Telephone number: | Fax number: | |
| Email address: | | |

Your Bank / Building Society Details

| Name and address of bank / building society: | |
|--|------------|
| | |
| | |
| | |
| | |
| Bank Account name and number: | Sort code: |
| | |
| Building Society Account name: | Sort code: |
| Roll number: | |

Section 2

About Your Organisation

| Please indicate which of the following your organisation belongs to |): | |
|---|-------|----|
| 1) Are you a CDFI or other body registered under section 1 of | Yes | Νο |
| the Industrial and Provident Societies Act 1965? | | |
| If a CDFI please enter your CDFI registration number: | | |
| If 'other' please enter your Office of Fair Trading licence number: | | |
| | | |
| 2) Are you a Credit Union within the meaning of section 1 of the Credit Unions Act 1979? If yes please give your FSA/FCA Registration number and your FSA/FCA Approval registration number. | Yes 🗌 | Νο |
| FSA Registration No: | | |
| FSA Firm Reference No: | | |
| | | |
| 3) Are you an institution registered under section 58 of the Charities Act 1992 or a body entered on the Scottish Charitable Register under section 3 of the Charities and Trustee Investment (Scotland) Act 2005? | Yes 🗌 | Νο |

If so please give the appropriate registration number:

| | | | (|
|--|-----|----|---|
| 4) Are you a Community Interest Company registered under | Yes | Νο | |
| section 26 of the Companies (Audit, Investigations and | | | |
| Community Enterprise) Act 2004 | | | |
| If so please give the appropriate registration number: | | | |

| 5. Are you registered under the Data Protection Act? | Yes 🗌 No 🗌 |
|--|------------|
| If 'yes' please supply your reference number: | |

6. Please give your Consumer Credit Act licence number. Licence number:

| 7. Have you received funding from the DWP Growth Fund? | Yes | Νο |
|--|-----|----|
| If 'yes' please provide your Growth Fund reference number: | | |

Section 3 About Your Lending Practices

Do you:

| Provide your borrowers with sources of free debt advice? | Yes | Νο |
|--|-------|----|
| Provide information to the borrower about the terms and | Yes | Νο |
| conditions of the loan and the actual cost of the loan in terms of | | |
| the APR and any other additional charges? | | |
| Provide help and advice to borrowers who are experiencing | Yes 🗌 | Νο |
| difficulty in making the loan repayments? | | |
| Carry out an appropriate income and expenditure risk | Yes 🗌 | Νο |
| assessment based on the customer's ability to repay as part of | | |
| the loan application process? | | |
| Offer a face-to-face service where the customer or particular | Yes | Νο |
| circumstances require it before and after making a loan. | | |

Please provide documentation of your complaints procedure.

Section 4 Supporting Documents

Please enclose the following supporting documents with this application form:

- your information leaflet for borrowers
- a copy of your loan application form
- a copy of your loan agreement form
- an income and expenditure assessment form
- a copy of your lending policy or Statement of Practices

DWP conforms with the Data Protection Act and all information is treated in the strictest confidence.

Section 5 Applicant's Declaration

I confirm that the above information is correct and understand that if my application is successful I will be required to enter into a Memorandum of Understanding with DWP.

Signed:

Name:

Position:

Date:

Please email this completed form and associated documents to:

Ils.eldsqueries@dwp.gov.uk

Or if preferred post to:

Lender Management Team Eligible Loan Deductions Scheme Post Handling Site B Wolverhampton WV99 2FQ



For Official Use Only

| Date Form Received | |
|--------------------|--|
| Database Updated | |