

## MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Member Number:	
Forenames:	
Surname:	
Current Address:	
Town:	Post Code:

### PERSONAL INFORMATION

Date of Birth:	Place of Birth:
Home No:	Mobile No:
Email Address:	
National Insurance No:	

### EMPLOYMENT INFORMATION

Current Employer:	
Employer Address:	
Town:	Post Code:
Phone:	Length of Employment:

### NEXT OF KIN DETAILS

The name of the person authorised to manage your estate on the event of your death  
 (this person will be the contact name registered at your local doctor's surgery)

Member No:
Name:
Relationship:
Address:
Town:
Postcode:

## MEMBERSHIP APPLICATION

### NOMINATION DETAILS

The name(s) of all individuals to whom there shall be transferred in the event of your death such property in the Credit union as may at the time of your decease whether in shares or otherwise.

Member No:
Name:
Relationship:
Address:
Town:

### FURTHER INFORMATION

Are you or have been a member of this or any other Credit Union? Please give details...

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How did you hear about us?

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### SIGNATURES

I confirm that the information provided on my application is true and is not being used to carry out any fraudulent activities on this account or for any other purpose. I am aware that as a member I must abide by the rules of the Credit Union.

Print Name:

Signature :	Date:
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Witness:	Member No:
Witness:	Member No:

### For Office Use Only

Does the member qualify for membership within the rules of the common bond?

- Live  
 Work

#### ID Requirement

1 Photo ID and 1 Address ID **or** 3 Address ID

<u>Photo ID</u>	<u>Address ID</u>
<input type="checkbox"/> Passport	<input type="checkbox"/> Bank Statement
<input type="checkbox"/> Photo Driving License	<input type="checkbox"/> Credit Card Bill
<input type="checkbox"/> Citizen Card	<input type="checkbox"/> Utility Bill
Other.....	<input type="checkbox"/> Council Tax Bill
	<input type="checkbox"/> Rent Agreement
	Other .....