

Application for Adult Membership

Password:

(You will be asked for password if you
phone regarding your account)

No.

(OFFICE USE ONLY)

To be completed in BLOCK CAPITALS and returned to Craigmillar Credit Union, 2 Niddrie Mains Road, Edinburgh EH16 4BG. Tel: 0131 661 9942 Fax: 0131 661 6472 E: craigmillarcu@googlemail.com

GENERAL DETAILS

Title: (Mr/Mrs/Ms/Miss) Surname:

Forename(s): Date of Birth:

Home Address:

Post Code: National Insurance Number:

Home Telephone Number: Work Telephone Number:

Employers Name and Address:

..... Post Code:

Are you or have you been a member of any other Credit Union? YES/NO If yes, please give details

How and where did you hear about this Credit Union?

FORM OF NOMINATION

In the event of my death, I nominate the following as the person(s) to who there shall be transferred such property in the Credit Union as may be mine at the time of my death, whether shares or otherwise.

Nominee(s) Name(s): (Mr/Mrs/Ms/Miss) Relationship:

Address:

..... Post Code:

Witnessed by (please print): Signature of Witness:
(witness shall not be nominee and be over 18 years of age)

BANK DETAILS

Please supply your bank or building society account details for future reference i.e. introduction of BACS, Direct Debits etc.

Bank: Branch:

Sort Code: Account Number:

Name of Account Holder(s):

FOR OFFICE USE ONLY

PROOF OF IDENTIFICATION & RESIDENCE (to be completed by Credit Union Officer)

	YES	NO	
DRIVING LICENCE (FULL)			Further checks carried out By the Credit Union to Verify identity of applicant.
BANK/BUILDING SOC. BOOK			
BANK STATEMENT			
ELECTRICITY BILL (RECENT)			
GAS BILL (RECENT)			
COUNCIL TAX BILL (RECENT)			
LETTER FROM BENEFITS AGENCY			
PASSPORT			

ID Verification:	Checked by:	Date:
Proof of name & address:	Checked by:	Date:
Application for membership:	Approved by:	Date:

IDENTIFICATION

To comply with the Financial Services Authority (FSA) regulations we require 2 proofs of identification, one must have your name and address on it (e.g. recent telephone bill, gas bill, bank statement) and the other must have your national insurance number on it (e.g. payslip, letter from benefits agency, letter from Inland Revenue). Although a letter from benefits agency etc. will also have your name and address on it we still require another document.

A minimum deposit of £4 must be made, £3 to cover administration fee (deducted annually) and £1 to activate your savings account.

DATA PROTECTION

All information will b held in the strictest confidence and is subject to the terms of the Data Protection Act 1998, which requires us to obtain consent to maintain account records. In signing this form you are giving Craigmillar credit Union consent to hold this information.

If you do not want to receive further product information, please tick this box.

If you do not want to receive your quarterly statement and newsletter, please tick this box.

DECLARATION

I HEREBY APPLY FOR MEMBERSHIP AND AGREE TO ABIDE BY THE RULES OF MY Credit Union and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

Signature: Date:

<p>Craigmillar Credit Union Ltd, 2 Niddrie Mains Road, Edinburgh EH16 4BG. Tel: 0131 661 9942 Fax: -131 661 6472. E: craigmillarcu@googlemail.com</p> <p>Craigmillar Credit Union is authorised and regulation by the Financial Services Authority. Registered under the 1979 Credit Union Act . Reg number CU115(S)</p> <p>Opening hours: Monday-Friday 9.30-12.30pm. Mon/Tues/Thurs/Frid 1.30-4.30pm. Wednesday half day closure.</p>
