MEMBERSHIP APPLICATION

PLEASE COMPLETE IN BLOCK CAPITALS and ensure a Payroll Deduction Order Form or Standing Order Form is completed and attached to this application if applicable

PERSONAL DETAILS

Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Surname

First Name

Middle Name

Home Address

Postcode

HOME telephone no

MOBILE no

Email Address

National Insurance No

Date of Birth

Mother's Maiden Name (as a security password)

How did you hear about Cardiff Credit Union?

EMPLOYMENT DETAILS

Employment Status Employed ☐ Unemployed ☐ Retired ☐ Student ☐ Other ☐

Employers Name

Place of Work

Work Telephone No.

METHOD OF SAVING

Payroll Deduction ☐ Complete Payroll Deduction form

Standing Order ☐ Complete Standing Order form

PayPoint/Post Office ☐

BENEFICIARY DETAILS

In the event of my death, I nominate the person named below as my beneficiary to receive all my shares and any sums payable under the Life Insurance Scheme of the Credit Union.

Nominee(s) Full Name

Address of Nominee

Post Code

Relationship

Signature of Member

Date

Witnessed by: PRINT NAME

Signature of Witness

THE WITNESS MUST NOT BE THE BENEFICIARY

VERIFICATION OF IDENTITY

We will not require any documentation with this application, as we will use an online anti-money laundering verification system. If we are unable to verify your identity by using this method, you will be asked to supply documentary evidence in order to satisfy FSA money laundering controls.

I hereby apply for membership and agree to abide by the rules of the Cardiff Credit Union. I declare that the information given by myself on this form is true and correct to the best of my knowledge and belief.

Signed:

Date: