



**HOUSEHOLD MEMBER APPLICATION FOR MEMBERSHIP CONFIDENTIAL**

I am a close family member living in the same household as: Member Name:..... Mem No (if known)....

**Personal Details:**

Mr / Mrs / Miss / Ms\*. Surname: ..... Forename(s): .....

Previous surname(s): ..... Date of Birth: .....

Home Address:.....

..... Postcode.....

Home Tel ..... Mobile ..... Work Tel .....

Occupation: ..... NI No:.....

Employer:..... Email: .....

Tax Ref No:..... or Place of Birth: .....

Would you like information about our **Christmas Club?** YES/NO      **A loan Account?** YES/NO

- ✓ I agree a joining fee of £5.00 which will be automatically paid via my first contribution. The joining fee is for administration purposes and is therefore non-refundable.
- ✓ I agree to abide by the rules of the **Suffolk Credit Union Ltd.**
- ✓ I understand that, in accordance with the **Money Laundering Regulations 1993** the **credit union** will require me to provide proof of my identity, a specimen signature and my permanent address before my application can be considered (as per overleaf).

The following refers to the **Suffolk Credit Union Introduction & Information Sheets**’ which accompanies this application. If you have not received the document, please contact the office and request a copy.

***I have received, read and understood the:***

- ✓ ***‘Condensed guide to the use of your personal information by Suffolk Credit Union Ltd. and at Credit Reference and Fraud Prevention Agencies’.*** (Page 4)
- ✓ **FSCS Information Sheet** with this application. (Page 5-6)


**Signed:** ..... **Date:**.....

Please find attached my completed Bank Standing Order which authorises the weekly / 4-weekly / month period\*. deduction of £..... (#.....) from my account.  
 \* delete those not applicable # Insert amount in words

## Proof of identity

You are required by law, to provide proof of your identity and verification of your address. A check will be made to ensure that the documents are current. Please do not send valuable documents in the post.

Indicate with an '✓' the following document(s) accompanying this application; copies are acceptable. The documents should be certified by your manager. Please return to this office with this application.

Provide <b>one (1)</b> form to verify your home address:	Provide <b>one (1)</b> form of ID from the following:	
<input type="checkbox"/> Council Tax Bill (Current year) <input type="checkbox"/> Latest Bank/Building Society Statement <input type="checkbox"/> Utilities Bill* <input type="checkbox"/> Landline telephone bill*	<input type="checkbox"/> Citizenship Card <input type="checkbox"/> Valid Passport  <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;">             Or if you do not have either of the above forms of ID, please provide <b>two (2)</b> forms of ID from the following:              </div>	
<small>* Must be less than 3 months old            ** Cannot be used for both ID and to confirm address</small>		

## Form of Nomination

In the event of your death if you wish to nominate a specific person or persons to benefit from the life assurance on your savings, please complete the **Nomination Form** below

1<sup>st</sup> Nominee: Full Name: .....

Address: .....

1<sup>st</sup> Nominee (Optional): Full Name: .....

Address: .....

This form must be signed **by you** in the presence of **two witnesses**, who must be over 18 years of age and neither of whom may be one of the nominees above.

Your full name:.....

Your signature:..... Dated: .....day of ..... 20.....

1<sup>st</sup> Witness Name:..... Signature: .....

2<sup>nd</sup> Witness Name:..... Signature: .....

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**BANK STANDING ORDER** This supercedes any existing order

TO: THE MANAGER  
 .....  
 .....  
 .....P'code.....

**Please ensure you have completed the address box to the left with your bank / building society details.**

**Please ensure we have the full address of your bank including postcode.**

Have you used the information contained and set up payments via your internet banking service?

<b>YES</b>	<b>NO</b>
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- Whether YES OR NO, please return this completed form so we have it on record.
- If YES, also please print and attach the internet banking page(s) that confirms you have successfully set this payment up. If NO, Suffolk Credit Union will forward this form to your bank.

Please pay to: **Unity Trust Bank plc**  
 Sort Code **60-83-01**  
 Acc No. **20041832** quoting your Membership No: ..... (If known)  
 For the credit of: **Suffolk Credit Union Ltd.,**  
 The sum of: **£.....** (..... write pounds in words)  
 Frequency: **Weekly\*/Four Weekly\*/monthly\***  
 Date of first Payment ..... **until this order is cancelled by me. (NB: Your payment should reach Unity Trust on or before the last working day of each month)**

Name:.....

Signature: ..... Date .....

**Account Details**

Branch Sort Code: .....-.....-..... Account Number: .....

If Building Society, Roll No. / Ref: .....

Account in the name(s) of: .....

Your Address .....

..... Postcode: .....

\* delete whichever is not applicable

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Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.  
 Firm Reference No. 213930

<p><b>Office use only:</b>                  Sent to B/BS Date: .....                  Rec on C'access: Date: .....</p>
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