



## Regular Account – Household Member APPLICATION FOR MEMBERSHIP

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

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

Home Address:..... Postcode.....

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

Email: ..... NI No:.....

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

Employer:..... Occupation: .....

- Name or Membership number of the Credit Union Member who is sponsoring you? .....
- Would you be willing to volunteer to help run the credit union (1-2 hours a week)? YES/NO
- 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 cannot locate the document on the website, please contact the office and/or 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

From time to time, Suffolk Credit Union (SCU) would like to send you special and/or seasonal offers and latest information (e.g. SCU Newsletter) by  email,  post or  telephone (please indicate how you prefer to be contacted). Suffolk Credit Union will always treat your personal details with the utmost care and will never pass them on to other companies for marketing purposes.

- Yes please, I'd like to hear about exclusive offers and latest info.
- No thanks, I do not want to hear about exclusive offers and latest info.


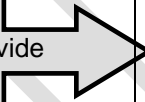
**Signed:** ..... **Date:** .....

**NB: Your signature is required. Please scan and email to [credit.union@suffolk.gov.uk](mailto:credit.union@suffolk.gov.uk) or post your form to this office**

## 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; display: inline-block;">             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>		<input type="checkbox"/> Driving Licence** <input type="checkbox"/> Employee photo ID Badge <input type="checkbox"/> Current Inland Revenue notification
<p style="text-align: center;">* Must be less than 3 months old              ** Cannot be used for both ID and to confirm address</p>		

## 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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**STANDING ORDER This supersedes any existing order**

TO: THE MANAGER OF:  
.....  
.....  
.....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 above.**  
Please set up your payments via your internet banking service using the information below and return this form to confirm that the new payment has been set up. If you are unable to do this, please contact this office.

**Member's Account Details:**

Branch Sort Code: ..... Account Number: .....  
If Building Society, Roll No. / Ref: .....  
Account in the name(s) of: .....

Payee: **Suffolk Credit Union Ltd.,**  
Please pay to: **Unity Trust Bank plc**  
Sort Code: **60-83-01**  
Account No.: **20041832**  
Payment reference: ..... (This is your Membership number)  
Usual payment amount: £..... (.....pounds in words)  
To be paid: **Weekly/Monthly** First payment date: ...../...../.....  
When do you want payments to finish?  **Until further notice \***  
 **Number of payments \*** .....  
 **Last payment date \*** ...../...../.....  
\* delete whichever is not applicable

**My Personal Details:**

Name:.....  
Address: .....  
..... Postcode: .....  
Signature: ..... Date .....

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