



## APPLICATION FOR MEMBERSHIP C O N F I D E N T I A L

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: .....

- How did you hear about the Suffolk Credit Union? Member / Employer / Event / Other\*: .....
- 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:**.....

**To Payroll: Payroll No.:** ..... With effect from the next pay date I hereby authorise the deduction of £..... (..... pounds in words) each week/four-week/monthly period\* from my salary in favour of the Credit Union until this order is **cancelled by me.**

**Work base and address**.....

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.

**Declaration:** I authorise Suffolk Credit Union Ltd and my payroll provider to share any relevant information in relation to payments and loans in connection with this payroll deduction authorisation.


**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; text-align: center; margin: 10px auto; width: 80%;">           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>	
* Must be less than 3 months old ** Cannot be used for both ID and to confirm address		

## 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: .....

ABCUL Affiliated

