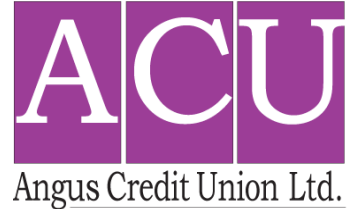


MEMBERSHIP APPLICATION FORM



TO BE COMPLETED IN **BLOCK CAPITALS** AND RETURNED TO:

ANGUS CREDIT UNION LTD.
11 CASTLE STREET, FORFAR, DD8 3AE

Telephone: 01307 463388
E-mail: office@anguscreditunion.co.uk

MEMBERSHIP NUMBER <small>(OFFICE USE ONLY)</small>	
Telephone Password	

PERSONAL DETAILS

TITLE		FIRST NAME		SURNAME	
ADDRESS					
ADDRESS				POST CODE	
TELEPHONE			MOBILE PHONE		
NATIONAL INSURANCE NUMBER				D.O.B.	
EMAIL ADDRESS					

EMPLOYER DETAILS

EMPLOYER'S NAME					
ADDRESS					
ADDRESS					
POST CODE				WORK TELEPHONE	
YOUR OCCUPATION					

NOMINATION FORM

I _____, hereby nominate (name of beneficiary)	
OF (BENEFICIARY'S ADDRESS)	
	POST CODE
RELATIONSHIP TO APPLICANT	
As the person to whom there shall be transferred all monies in my Credit Union account as may be mine at the time of my decease, whether in shares or otherwise.	
SIGNATURE OF APPLICANT: _____	DATE: _____
SIGNATURE OF WITNESS: _____	DATE: _____
(The witness MUST be over 18 years of age and MUST NOT be the beneficiary)	

IDENTIFICATION:

To comply with current Money Laundering Legislation please provide two forms of identification, one to prove identity and one to prove address. A new member will also be asked to provide their date of birth and National Insurance number.

ACCEPTABLE FORMS OF IDENTIFICATION:

- Full Driving License,
- Passport,
- Benefits/Pension Books/DWP Confirmation letter,
- Student / Staff ID Card,
- Notice of Tax Coding (current year),
- Recent Utility Bill,
- Bank/Credit Card Statement,
- Council Tax Demand,
- Rent Book,
- Medical Card

Any bills/statements etc. must be originals and no more than 3 months old

PLEASE NOTE:

We do not accept the following: Birth Certificate, Mobile Telephone Bill, TV License, Business Cards, Bank/Cheque Guarantee Cards.

I will supply Angus Credit Union with a passport picture which will be attached to my Membership Card as a future form of identification when making payments.

NOTE: We can take your photo during the registration process at no cost to you.

DECLARATION:

I hereby apply for membership of and agree to abide by the rules of Angus Credit Union Ltd. I understand that an annual service charge of £5.00 will be deducted from my savings on the anniversary of the 1st October or six months prior to this date if I have joined before then. I declare that the information provided by me on this form is true and correct to the best of my knowledge and belief.

Signature: Date:

DATA PROTECTION STATEMENT:

In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purposes of managing your accounts with the credit union. Your personal details will be treated confidentially and will only be shared with other agencies for the purposes of credit referencing and debt recovery, for which purpose we hold a Category F consumer credit licence.

OFFICE USE ONLY

I.D. Verification:	Checked by:	Date:
Proof of name and address	Checked by:	Date:
Application for Membership	Approved by:	Date: