



Application for Membership Form.



Please **COMPLETE ALL SECTIONS** of this form in **BLOCK CAPITALS**. If you need any help in completing the form, staff or volunteers in the Credit Union will be pleased to assist.

1. Personal Information

Title Mr, Mrs, Miss, Ms <small>Delete as appropriate</small>	Name	
Address		
Post code		
Contact telephone No:	Email Address	
National Insurance number	Date of Birth	
Employee Number	Occupation	

2. Bank Details(Optional)

Bank Name.	
Sort Code	
Account Number	
<small>To enable funds to be transferred directly into your account</small>	

3. Designation of Beneficiary (next of kin) / Applicants Signature Not Beneficiary Signature.

I nominate	Address
<small>As the person to whom there shall be transferred at my death such property in the First Rate Credit Union Ltd whether in shares or otherwise.</small>	
Applicants Signature:	Date

3. Proof of Identity

To comply with Financial Conduct Authority mandatory requirements, we need one of each of the following: -	
Proof of Identity	<small>One from either a Photo Style Driving Licence or Passport.</small>
Proof of Address:	<small>One of the following documents (no more than 3 months old.) Bank or Building Society Statement or Local Authority Bill, Utility Bill Etc.</small>
<small>Documents must be verified and copied by a Credit Union representative. If you would like to discuss any of the above, please contact the Credit Union office on 01772 854161 or enquiries@firstratecu.co.uk</small>	

Note: You will only become a member of the First Rate Credit Union when we receive your first payment.

Data protection Statement	Your right to Cancel
<small>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.</small>	<small>You have the right to cancel this application within 30 days from signing this form without prejudice.</small>

Credit Union Use Only	
ID Paperwork checked/ photocopied.	Name
Signature	Date