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## APPLICATION FOR MEMBERSHIP

(To be completed in block capitals)

### PERSONAL INFORMATION

Surname \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Forename(s) \_\_\_\_\_

Mobile No \_\_\_\_\_

Address \_\_\_\_\_

Home Phone No \_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_

Postcode \_\_\_\_\_

I hereby apply for membership of and agree to abide by the rules of the White Cart Credit Union and declare that the information given by me on this form is true and correct to the best of my knowledge. I confirm that I am resident in the United Kingdom for tax purposes.

\*\*\*\*\* An annual fee of £5 will be deducted from accounts each September \*\*\*\*\*

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Proposed by \_\_\_\_\_

Membership No \_\_\_\_\_

Seconded by \_\_\_\_\_

Membership No \_\_\_\_\_

Two forms of Identification must be presented in person at the time of application

1) Identification \_\_\_\_\_ (i.e. Passport, Driving Licence, Cheque Card)

2) Proof of Address \_\_\_\_\_ (i.e. Current Utilities bill)

Proof of Employment (if applicant does not live within Common Bond)

\_\_\_\_\_

Identification verified by \_\_\_\_\_

If you have any relative who are already members of the White Cart Credit Union, Please list below

Acc No

Name

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All information must be completed before the application is presented to the Board

Nomination Details (See Over)

## FORM OF NOMINATION (IN CASE OF DEATH)

I (print name) \_\_\_\_\_ of

(Member address) \_\_\_\_\_ a member of the White  
Cart Credit Union hereby nominates

1st

2nd

Name of Nominee \_\_\_\_\_

\_\_\_\_\_

Address of Nominee \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone Number (Nominee) \_\_\_\_\_

Tele No \_\_\_\_\_

Account No \_\_\_\_\_

Account No \_\_\_\_\_

(Nominee account number if already a member of the Credit Union)

To whom shall be transferred at my decease such property in the White Cart Credit Union, as may be mine at the time of my decease, whether in shares or otherwise.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Any special instructions

Signature of Member \_\_\_\_\_

Signature of Witness \_\_\_\_\_

(The witness shall not be the person nominated)

### Please Note

The member should inform the Credit Union in writing if any of the above information should change

How did you find out about the Credit Union? \_\_\_\_\_

The Credit Union will process the information on this form on the basis of Legal Obligation. To read our full Privacy Policy please visit our website at [www.whitecartcu.co.uk](http://www.whitecartcu.co.uk) or contact our registered office at 73 Neilston Road Paisley, Telephone 0141 889 3005.