

Membership No.

## Membership Application Form

# STEVENAGE CREDIT UNION LTD



11 The Hyde, The Hyde Shopping Centre, Stevenage, Herts SG2 9SD



Supported by:



Supported by:



Title:	Surname:	Forename:	D.O.B
-----	-----	-----	-----
Address:			
No/Road _____			
Ward _____			
Town _____			
County _____			
Post Code: _____			
			E-mail Address:
Tel No (H):		Mobile No:	

**PROOF OF I.D AND CURRENT ADDRESS REQUIRED FOR OPENING AN ACCOUNT.**

National Insurance (NI) Number-----	
Employers Name -----	
Employers Address:	
No/Road _____	
Ward _____	
Town _____	
County _____	
Postcode _____	
Telephone No:	E-mail Address:

I hereby Apply for membership of the above credit union and agree to abide by the rules of the above credit union. I declare that the information given by me on this form is true and correct and to the best of my knowledge and belief. I understand that a non-returnable membership fee of **£2.00** will be deducted from my first payment into the Credit Union to cover administration costs etc.

Signed:	Date:
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**STANDING ORDERS AND OTHER ACCOUNT INFORMATION ARE AVAILABLE ON REQUEST.**

Please complete form A.

# FORM A

## Beneficiary for insurance form of nomination

I, (Full name)	_____
Of (Address)	_____
No/Road	_____
Ward	_____
Town	_____
County	_____
Postcode	_____

A prospective member of the above Credit Union hereby nominate

(name of beneficiary)	_____
Of (Address)	_____
No/Road	_____
Ward	_____
Town	_____
County	_____
Postcode	_____
Relationship to prospective member	_____

As the person to whom there shall be transferred at my decease such property in the credit union as may be mine at the time of decease, whether in shares or otherwise, should my application be successful.

Signed:	Date:
Witness:	Date:

**The witness shall not be the beneficiary**

### For Office Use Only

ID Provided:-----	_____
Accepted/Declined for membership on -----	_____

