

EAST KILBRIDE CREDIT UNION

6 Hunter Street, The Village, East Kilbride, G74 4LZ - 01355 224771
info@ekcreditunion.co.uk

APPLICATION FOR MEMBERSHIP

FOR EKCU OFFICE USE ONLY

Account Number

Pay Point Number

Date Issued

TITLE: MR MRS MISS MS OTHER: _____

FORENAME: _____ **SURNAME:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

CURRENT ADDRESS: _____

POSTCODE: _____ **HOW LONG AT THIS ADDRESS:** _____

PHONE NO: _____ **MOBILE:** _____

EMAIL: _____

CAN WE CONTACT YOU BY SMS/TEXT IF REQUIRED: YES NO

ARE YOU CURRENTLY A MEMBER OF ANY OTHER CREDIT UNION: YES NO

PREVIOUS ADDRESS: _____

POSTCODE: _____ **DATE LEFT THIS ADDRESS:** _____

HOME OWNER TENANT LIVING WITH PARENTS OTHER: _____

NAME OF LANDLORD/MORTGAGE PROVIDER: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

OCCUPATION: _____ **NI NUMBER(OPTIONAL) :** _____

WORK PHONE NO: _____ **WORK ID/STAFF NO:** _____

ARE YOU CURRENTLY CLAIMING ANY NI OR OTHER BENEFITS: YES NO

BANK ACCOUNT NO: _____ **SORT CODE:** ____ - ____ - ____

BANK NAME & ADDRESS: _____

P.T.O.

PARTNER'S NAME: _____ PARTNERS DOB: _____

PARTNER'S ADDRESS: _____

DO YOU CURRENTLY HAVE ANY COURT ORDERS AGAINST YOU: YES NO

ARE YOU OR HAVE YOU EVER BEEN DECLARED BANKRUPT: YES NO

ARE YOU PLANNING OR IN THE PROCESS OF SETTING UP A TRUST DEED/DAS: YES NO

PLEASE PROVIDE TWO FORMS OF IDENTIFICATION, I.E.:

DRIVING LICENCE

PASSPORT

BANK STATEMENT

BENEFIT BOOK

RECENT UTILITY BILL

OTHER: _____

In the event of my death, I nominate the following person (s) (over the age of 16) to whom shall be transferred such property in the credit union as may be mine at the time of my death, whether in share or otherwise.

NOMINEE:(S) NAME: MR/MRS/MS/MISS _____

ADDRESS: _____

POSTCODE: _____ PHONE NO: _____

RELATION: SPOUSE PARTNER SON/DAUGHTER PARENT OTHER: _____

DATA PROTECTION STATEMENT

In accordance with the principles of the Data Protection Act 1998 we will use your personal details for the purposes of establishing your identity and managing your account with East Kilbride Credit Union. Your personal details will be treated confidentially and will only be shared with other agencies for the purpose of credit referencing and debt recovery for which we hold the appropriate Consumer Credit Licence.

HAVE YOU EVER BEEN A MEMBER OF EK CREDIT UNION BEFORE: YES NO

HOW DID YOU HEAR ABOUT THE CREDIT UNION: _____

(TO BE FILLED IN BY THE CREDIT UNION)

WITNESSED BY: _____

ADDRESS: _____ DATE: _____

I LIVE WORK IN EAST KILBRIDE STRATHAVEN (ML10 - 6)

I HEREBY APPLY FOR MEMBERSHIP AND AGREE TO ABIDE BY THE RULES OF EAST KILBRIDE CREDIT UNION AND DECLARE THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNATURE: _____ DATE: _____

AUTHORISED AND REGULATED BY THE FSA – REGISTRATION NO 213849