

# Application for Membership



6 Hunter Street, The Village, G74 4LZ

01355 224771

info@ekcreditunion.co.uk

<b>EKCU USE ONLY</b>			
ACCOUNT NUMBER	<input type="text"/>	PAY POINT NUMBER	<input type="text"/>
WELCOME PACK ISSUED		<input type="text"/>	

TITLE:      MR       MRS       MISS       MS

FORENAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PREVIOUS NAME(S): \_\_\_\_\_

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CURRENT ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ HOW LONG AT ADDRESS: \_\_\_\_\_

HOME OWNER       TENANT       LIVING WITH PARENTS       OTHER: \_\_\_\_\_

NAME OF LANDLORD/MORTGAGE PROVIDER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

I AM HAPPY TO RECEIVE INFORMATION FROM THE CU ABOUT ITS PRODUCTS & SERVICES:      YES       NO

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

PREVIOUS ADDRESS (If above less than 3 years): \_\_\_\_\_

POSTCODE: \_\_\_\_\_      DATE LEFT THIS ADDRESS: \_\_\_\_\_

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EMPLOYED       FULL TIME       PART TIME       SELF       SICK LEAVE

UNEMPLOYED       RETIRED       STUDENT       OTHER: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_      NI NUMBER: \_\_\_\_\_

WORK PHONE NO: \_\_\_\_\_      WORK ID/STAFF NO: \_\_\_\_\_

TIME AT EMPLOYER: \_\_\_\_\_      CLAIMING NI OR OTHER BENEFITS:      YES       NO

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BANK NAME & ADDRESS: \_\_\_\_\_

SORT CODE: \_\_\_\_\_      ACCOUNT NUMBER: \_\_\_\_\_

PARTNER'S NAME: \_\_\_\_\_ PARTNER'S DATE OF BIRTH: \_\_\_\_\_

PARTNER'S ADDRESS: \_\_\_\_\_

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

DO YOU HAVE A TRUST DEED 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:**

1 X PHOTOGRAPHIC  We will accept: passport, driving licence, works pass or travel/leisure pass. (This must be valid)

1 x ADDRESS  We will accept: bank statement, utility bill or benefits award letter. (This must be dated within the last 3 months)

**IF YOU DO NOT HAVE PHOTOGRAPHIC IDENTIFICATION, WE MAY ACCEPT TWO FORMS OF ADDRESS IDENTIFICATION.**

In the event of my death, I nominate the following person (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 shares or otherwise.

NOMINEE NAME: MR/MRS/MS/MISS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ 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: \_\_\_\_\_

PASSWORD TO BE USED FOR SECURITY PURPOSES: \_\_\_\_\_

I LIVE  WORK  IN EAST KILBRIDE  STRATHAVEN

I hereby apply for membership and agree to abide by the rules of East Kilbride Credit Union. I declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY CREDIT UNION STAFF**

WITNESSED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_