

WORKING FOR YOU



WORKING WITH YOU

MEMBERSHIP FORM

(Please complete in block capitals in black ink only)

MR /MRS/ MISS _____ D.O.B. ____/____/____ PAYROLL NO. _____

ADDRESS: _____ FLAT No _____ POSTCODE _____

EMPLOYER: _____ LOCATION: _____ DATE EMPLOYED: _____

HOME TEL: _____ NAT INS NO: _____ NATIONALITY _____

MOBILE: _____ EMAIL : _____

I hereby apply for membership of and agree to abide by the rules of the 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. I agree to provide proof of identity and proof of address to satisfy Government anti-money laundering/anti-terrorist laws (tick)

THE COUNTRY I PAY INCOME TAX TO IS _____ IF NOT U.K. MY TAX IDENTITY NUMBER IS _____

I HAVE DETAILS OF THE FINANCIAL SERVICES COMPENSATION SCHEME OUTLINING THE £75K LIMIT AND EXCLUSIONS (TICK)

SIGNATURE: _____ DATE _____

NOMINATED BY: _____ C/U No _____

Any current member (if any problem please contact the office)

AS A MEMBER YOU WILL RECEIVE OUR FREE LIFE COVER BENEFIT UP TO YOUR 65th BIRTHDAY PLEASE ADVISE US OF YOUR *NOMINATED PERSON WHOM YOU WISH TO BENEFIT FROM THIS AND ANY SAVINGS YOU MAY HAVE IN THE CREDIT UNION AT YOUR DEMISE TO THE EXTENT THAT THE LAW WILL PERMIT. THIS DOES NOT REPLACE THE NEED FOR A WILL WHICH YOU SHOULD HAVE IN PLACE TO PROTECT YOUR FAMILY.

NEXT OF KIN NOMINATION FORM

I (own name) _____ of (address) _____

_____ Occupation _____

As a member of the above Credit Union, hereby nominate the person named below:-

Full Name _____

Address _____

Relationship to me: Spouse Partner Parent Son Daughter State if other: _____

as the person to whom there shall be transferred such property in the credit union whether in shares, loans or deposits or otherwise, that may be mine at the time of my death. I understand that the maximum amount provided for under nomination is £5,000 and any residual balance in my account shall be paid to my legal Personal Representative(s).

In witness whereof this Form of Nomination is subscribed by me at:

_____ on the _____ day of _____ 20__ before this witness:

Name of town or city

<p>_____ Signature of new member</p>	WITNESS: _____ (Signature)
	FULL NAME: _____
	ADDRESS: _____
	POSTCODE: _____ (ANY PERSON AGED OVER 18YRS CAN WITNESS WHO IS NOT THE NOMINEE)

* YOU MAY ALTER THIS NAME AT ANY TIME, BY COMPLETING A CHANGE OF NOMINATION FORM, THANK YOU FOR DECIDING TO JOIN THE TRANSPORT CREDIT UNION. YOUR STAFF WILL SEND YOUR MEMBERSHIP DETAILS WITHIN THE NEXT FEW DAYS