



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 Transport 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 will provide proof of identity and proof of address in order to satisfy Government anti-money laundering/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 £85k LIMIT AND EXCLUSIONS (TICK)

I DO NOT I DO HOLD POLITICAL OFFICE _____ (must tick one box to comply with new PEP Regulations)

SIGNATURE: _____ DATE _____

NOMINATED BY: _____ C/U No _____

Any current member

AS A MEMBER YOU WILL RECEIVE OUR FREE LIFE COVER BENEFIT UPTO 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 TRANSPORT CREDIT UNION AT YOUR DEMISE TO THE EXTENT THAT THE LAW WILL PERMIT. THIS DOES NOT REPLACE THE NEED FOR A WILL YOU SHOULD HAVE A WILL 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 Transport 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

WITNESS: _____ (Signature)

FULL NAME: _____

ADDRESS: _____

POSTCODE: _____ (ANY PERSON AGED OVER 18YRS CAN WITNESS WHO IS NOT THE NOMINEE)

Signature of new member

* 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