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## MEMBERSHIP APPLICATION FORM

MEMBERSHIP No (office use only) \_\_\_\_\_

(Please complete in block capitals in black ink only)

Mr /Mrs/ Miss/ Ms/Other \_\_\_\_\_ First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NI Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nationality \_\_\_\_\_

Address \_\_\_\_\_ Flat No \_\_\_\_\_

Postcode \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Home Tel \_\_\_\_\_ Employer \_\_\_\_\_ Pay Ref \_\_\_\_\_

Location \_\_\_\_\_ Occupation \_\_\_\_\_ Date Employed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In order to process your membership application, we require the following information:

1. I AGREE TO PROVIDE PROOF OF IDENTITY AND ADDRESS WITHIN 28 DAYS TO SATISFY GOVERNMENT ANTI-MONEY LAUNDERING/TERRORIST LAWS.  (TICK)
2. I UNDERSTAND THAT AN ELECTRONIC ID CHECK MAY BE CARRIED OUT IN ORDER TO VERIFY MY DETAILS, TO COMPLY WITH GOVERNMENT ANTI-FRAUD GUIDELINES. THIS IS NOT A CREDIT CHECK.
3. THE COUNTRY I PAY INCOME TAX TO IS \_\_\_\_\_ IF NOT U.K MY TAX IDENTITY NUMBER IS \_\_\_\_\_
4. I HAVE READ AND UNDERSTOOD DETAILS OF THE FINANCIAL SERVICES COMPENSATION SCHEME OUTLINING THE £85k LIMIT AND EXCLUSIONS. (see attached to this form)  (TICK)
5. I UNDERSTAND I MUST RETAIN AT LEAST £1 IN SHARES TO REMAIN A MEMBER AND KEEP THE ACCOUNT OPEN.  (TICK)
6. IT IS FREE TO JOIN THE TRANSPORT CREDIT UNION. I UNDERSTAND HOWEVER, IF MY ACCOUNT BECOMES INACTIVE (NO DEPOSITS MADE TO ACCOUNT WITHIN 12 MONTHS), I WILL BE SUBJECT TO AN ANNUAL, NON-REFUNDABLE £5 ACCOUNT ADMINISTRATION FEE, DEDUCTED FROM AVAILABLE SHARES (SAVINGS). THIS COVERS THE ADMIN COSTS INCURRED BY THE CREDIT UNION IN CONTINUING TO PROVIDE ALL SERVICES AND BENEFITS ATTACHED TO MEMBERSHIP.  (TICK)
7. IF THERE IS A CREDIT UNION REPRESENTATIVE AT MY WORKPLACE, I UNDERSTAND THAT THEY CAN CONTACT THE OFFICE ON MY BEHALF IN ORDER TO ASSIST. THIS MAY INCLUDE REQUESTING BALANCES, PROVIDING INFO, FORMS AND/OR OTHER ACCOUNT DETAILS. I UNDERSTAND THAT THIS IS OPTIONAL AND CAN CONTACT THE OFFICE AT ANY TIME TO ALTER THIS.
8. I UNDERSTAND THAT THE CREDIT UNION WILL CONTACT ME VIA THE MOST CONVENIENT METHOD i.e. TEXT, EMAIL, POST OR MY CREDIT UNION REP (if the matter is urgent and I am unavailable). THIS WILL NOT BE FOR THE PURPOSE OF MARKETING, WITHOUT MY PRIOR CONSENT.

YOUR DATA RIGHTS AS A MEMBER: (Please note that our full Privacy Policy can be found on our website <https://www.mycu.co.uk/privacy-statement/> or posted out upon request)

- |                                |                                      |   |
|--------------------------------|--------------------------------------|---|
| 1. the right to be informed;   | 4. the right to erasure;             | 7. the right to object; and                                 |
| 2. the right of access;        | 5. the right to restrict processing; | 8. the right not to be subject to automated decision-making |
| 3. the right to rectification; | 6. the right to data portability;    | including profiling.  |

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE TRANSPORT CREDIT UNION PRIVACY POLICY AND CONSENT TO THE COLLECTION, PROCESSING AND STORAGE OF MY DATA IN LINE WITH THE POLICY. I AM AWARE OF MY RIGHTS AND THE BASES UPON WHICH THE CREDIT UNION MAY USE MY DATA.

I HEREBY APPLY FOR MEMBERSHIP 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Nominated by: \_\_\_\_\_  
Any current member OR credit union staff member

Membership No: \_\_\_\_\_

PLEASE COMPLETE THE NEXT OF KIN FORM OVERLEAF, BEFORE RETURNING THE FORM TO THE OFFICE →

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## NEXT OF KIN NOMINATION FORM

Thank you for deciding to join the Transport Credit Union. We will send your membership information within the next few days.

As a member you will receive our free life cover benefit on your savings, up to a maximum of £10,000\* up to your 65th birthday and loan cover up to £20,000\*, up to your 70th birthday. In the event of your death, your nominated person will benefit from this free life cover; savings you have in the Transport Credit Union may be matched £ for £ (doubled) and loan cleared. Savings will be paid to your nominee to the extent that the law permits (up to £5,000).

We request the following information about your next of kin as a legitimate interest. We will not share this information with anyone other than for the purpose of submitting a life insurance claim or to evidence your wishes in case of any dispute. We ask that you ensure your next of kin is aware of the personal information provided by yourself.

**Note:** by law, this nomination may be varied or revoked by:

1. A subsequent signed nomination made by you, to us (using this form or similar document).
2. If you get married or enter a civil partnership, your existing nomination is revoked by this subsequent marriage or civil partnership (if we have knowledge of this). In these circumstances, we invite you to re-confirm or make a new nomination.

Your nomination is not revocable or variable by your will (or by any codicil to the will). **This nomination does not replace the need for a Will; you should have a Will in place to protect your family.**

I (own name) \_\_\_\_\_ of (address) \_\_\_\_\_

\_\_\_\_\_ As a member of the above Credit Union, hereby nominate

the person named below:-

(Next of Kin Name) \_\_\_\_\_ of (address, inc postcode) \_\_\_\_\_

\_\_\_\_\_ (Date of Birth) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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) for the purpose of inclusion to my estate.

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

\_\_\_\_\_ on (date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ before this witness:

Name of town or city

\_\_\_\_\_  
Signature of new member

WITNESS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ (Signature)

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

POSTCODE: \_\_\_\_\_ (Any person who is **not** the nominee, aged over 18yrs can witness)

**NOTE: YOU MAY ALTER YOUR NOMINEE AT ANY TIME, BY COMPLETING A CHANGE OF NOMINATION FORM. PLEASE CONTACT THE OFFICE FOR MORE DETAILS.**

\*Terms and Conditions apply – please contact the office if you require full details.

THE TRANSPORT CREDIT UNION

186 ARGYLE STREET GLASGOW G2 8HA Tel: 0141 221 7474

(THE TRANSPORT CREDIT UNION IS THE TRADING NAME OF SCOTTISH TRANSPORT CREDIT UNION LTD)

"Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority FRN: 213869"

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## EARNINGS DEDUCTION FORM

(Please complete in black ink only)

I(print) \_\_\_\_\_ Full Pay Ref \_\_\_\_\_ Company \_\_\_\_\_

Occupation \_\_\_\_\_ Location \_\_\_\_\_

request an earning deduction change from the next relevant date, from £   0   to £ \_\_\_\_\_:

weekly  2 weekly  4 weekly  monthly  and to be forwarded to the Transport Credit Union on my behalf.

I agree that this form is not valid without being countersigned and stamped by the Credit Union\*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* CU staff member/ local CU officer signed: \_\_\_\_\_ on behalf of the Credit Union

**Note: please return this and any other forms to the Transport Credit Union, 186 Argyle Street, Glasgow, G2 8HA. Alternatively, where there is a local CU Employee Representative, he/she can process the form for you instead.**

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## BANK MANDATE FORM

Account holder's name: \_\_\_\_\_ Name of Bank: \_\_\_\_\_

Branch address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Sort code:

Account number:

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Building society roll/ref number (if applicable): \_\_\_\_\_

**THIS IS THE ACCOUNT TO WHICH THE CREDIT UNION SHALL DEPOSIT ALL MONIES DUE TO ME UNTIL FURTHER INSTRUCTION IS ISSUED BY ME BY COMPLETING A CHANGE OF BANK MANDATE FORM AND CONFIRMING WITH THE OFFICE.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For your security this form should be sent directly to the Credit Union.

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## FINANCIAL SERVICES COMPENSATION SCHEME INFORMATION SHEET

Basic information about the protection of your eligible deposits	
Eligible deposits in Scottish Transport Credit Union Ltd are protected by:	The Financial Services Compensation Scheme ("FSCS")
Limit of protection:	£85,000 per depositor per bank / building society / credit union The following trading names are part of your credit union: The Transport Credit Union is a trading name of Scottish Transport Credit Union Ltd.
If you have more eligible deposits at the same credit union:	All your eligible deposits at the same bank / building society / credit union are "aggregated" and the total is subject to the limit of £85,000.
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately.
Reimbursement period in case of credit union's failure:	FSCS aims to pay compensation within <b>7 days</b> of a credit union failing. More complex cases will take longer.
Currency of reimbursement:	Pound sterling (GBP, £) or, for branches of UK banks operating in other EEA Member States, the currency of that State.
To contact The Transport Credit Union for enquiries relating to your account:	The Transport Credit Union 186 Argyle Street Glasgow G2 8HA Tel: 0141 221 7474 Email: <a href="mailto:enquiries@transportcu.co.uk">enquiries@transportcu.co.uk</a>
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House 15 St. Botolph Street, London, EC3A 7QU Tel: 0800 678 1100 or 020 7741 4100 Email: <a href="mailto:ICT@fscs.org.uk">ICT@fscs.org.uk</a>
More information:	<a href="http://www.fscs.org.uk">www.fscs.org.uk</a>

### Additional information

#### Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

#### General limit of protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

This method will also be applied if a bank, building society or credit union operates under different trading names. Scottish Transport Credit Union Ltd also trades under The Transport Credit Union.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
- a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under [www.fscs.org.uk](http://www.fscs.org.uk)

#### Limit of protection for joint accounts

In case of joint accounts, the limit of £85,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

#### Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, email: [ICT@fscs.org.uk](mailto:ICT@fscs.org.uk). It will repay your eligible deposits (up to £85,000) within 20 working days until 31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within ten working days from 1 January 2021 to 31 December 2023; and within seven working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within seven working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses or operating costs (in the case of a depositor which is not an individual or a large company) within five working days of a request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit.

Further information can be obtained under [www.fscs.org.uk](http://www.fscs.org.uk)

#### Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

## Financial Services Compensation Scheme Exclusions List

A deposit is excluded from protection if:

- The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, building society or credit union.
- The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- It is a deposit made by a depositor which is one of the following: credit institution, financial institution, investment firm, insurance undertaking, reinsurance undertaking, collective investment undertaking, pension or retirement fund<sup>1</sup>, public authority, other than a small local authority.

<sup>1</sup> Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.

For further information about exclusions, refer to the FSCS website at [www.FSCS.org.uk](http://www.FSCS.org.uk)

LARGER PRINT AVAILABLE IF REQUIRED



Government legislation demands that any person opening a bank, building society or Credit Union account must verify their identity and residency status by providing separate proof for each. We will only ask for this once, and proof of residency if there is any future address change.

We will carry out an electronic ID check, which allows us to accept copies (via email [enquiries@transportcu.co.uk](mailto:enquiries@transportcu.co.uk) or post) of the documents below, however, should your ID check fail, we will require sight of the original residency document. If you have a Credit Union rep at your workplace, they can verify copies for you. We thank you in advance for your cooperation.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ MEMBER NO: \_\_\_\_\_

Please provide proof of: Identity  Address  Name change – Marriage/ Divorce Certificate  Deed Poll

**Identity Requirements (1 original only):**

- Valid Passport
- Valid Photo Card Drivers Licence   
*(Full or Provisional, cannot be used if used for proof of address)*
- HM Forces ID card
- Biometric residence permit (Non UK Nationals)
- Firearms or Shotgun Licence

**Residency Requirements (must clearly show full name, address, date):**

- Valid Photo Card Drivers Licence *(Full or Provisional) cannot be used if used for proof of ID*   
*1 original document only.*
- Council tax bill, demand letter or exemption certificate, issued within the last 12 months
- Utility Bill\* (Gas, electricity, landline, water) dated within the last 3 months.   
*(\*not mobile, internet, TV licence)*
- Mortgage statement from a recognised lender (for current year)
- Signed Tenancy Agreement (within last 12 months) or council/ housing association rent card
- Car insurance certificate (within last 12 months)
- Bank/ building society/ Credit card statement, dated within last 3 months   
*(Cannot accept statements from digital banks / online statements/ screenshots of online accounts)*
- HMRC Notice of tax coding for current year *(not P45, P60 or annual tax summary)*
- Benefit entitlement letter (dated within last 6 months). *(Screenshots of online account not acceptable)*
- Solicitors letter within last 3 months, confirming recent house purchase or land registry/ title deed.

Received by staff member: \_\_\_\_\_

Date: \_\_\_\_\_