



BARROW & DISTRICT CREDIT UNION
 1 & 3 The Mall, Barrow in Furness, LA14 1HL - Tel : 01229 870110
 FCA registration number 582921

FOR OFFICE USE ONLY	
Membership Number	
Date Joined on System	
Membership Fee Paid	
Opening Deposit Paid	
ID Documents Scanned	

MEMBERSHIP APPLICATION FORM

Complete this form to apply for membership of Barrow & District Credit Union. This information is required to open a savings account in your name. All information is treated confidentially.

Identification Requirements - Please provide one item as **Proof of Identification** eg pension or benefit book, rent book, utility bill or similar and one separate item as **Proof of Current Address**, eg passport, driving licence, benefit entitlement letter, recent utility bill etc.

NOTE - YOUR APPLICATION CANNOT BE PROCESSED WITHOUT IDENTIFICATION DOCUMENTATION

Full Name & Title

Home Address & Postcode

How Long At This Address (If less than 3 years please state previous address & postcode below)

YEARS

Previous Address & Postcode

Home Owner/Renting or Other (please state)

If renting please advise the name of your Housing Association/Landlord

Name & Address of Employer (if living outside the common bond area)

Date of Birth

Home Telephone Number

Mobile Telephone Number

Email Address

Where did you hear about Barrow & District Credit Union?

National Insurance Number

Memorable Password (for security reasons)

DECLARATION

I hereby apply for membership and agree to the rules of Barrow & District 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 understand that a non-returnable membership fee of £2.00 will be deducted from my first payment into Barrow & District Credit Union to cover administration costs etc. All correspondence will be sent to my home address unless I state otherwise in writing.

My Signature

Date

BENEFICIARY OF INSURANCE

In the event of my death, I nominate the following as the person(s) to whom there shall be transferred such property in Barrow & District Credit Union as may be mine at the time of my death, whether in shares or otherwise.

Nominee Name & Title

Nominee Address & Postcode

Relationship to me (if any)

My Signature

Date

Signature of Witness (not my beneficiary)

PRINT NAME

Date

Financial Services Compensation Scheme

We are regulated by and contribute to the Financial Services Compensation Scheme, so all savings up to £75,000 are fully protected, in the same way as a bank. The Credit Union also has an independent supervisory committee which ensures that the Credit Union acts in the best interests of its members.

I acknowledge that I have read and understand the above statement

PRINT NAME

SIGNATURE

ELIGIBILITY FOR MEMBERSHIP

I hereby confirm that I am eligible for and apply for membership and agree to abide by the rules of the credit union. The information given is to the best of my knowledge correct and true. I have read and fully understand the details contained in the Financial Services Compensation Scheme Information Sheet

My Signature

Date