

# MEMBERSHIP APPLICATION FORM



Stranraer Credit Union

TO BE COMPLETED IN **BLOCK CAPITALS** AND RETURNED TO:  
STRANRAER CREDIT UNION LTD, 25 HANOVER SQUARE, STRANRAER, DG9 7AG

**ACCOUNT NUMBER**  
(Office Use Only)

## PERSONAL DETAILS

TITLE		FIRST NAME		SURNAME	
ADDRESS				POSTCODE	
TELEPHONE			MOBILE PHONE		
E-MAIL ADDRESS				DATE OF BIRTH	
ARE YOU, OR HAVE YOU EVER BEEN, A MEMBER OF ANY OTHER CREDIT UNION?					YES / NO
IF YES, WHICH CREDIT UNION?					

## EMPLOYER DETAILS

EMPLOYER NAME					
ADDRESS				POSTCODE	
WORK TELEPHONE			YOUR OCCUPATION		

## NOMINATION OF BENEFICIARY

I hereby nominate the undernoted as my beneficiary, to receive at my death any monies, as may be mine, held by the Credit Union at that time whether in shares or otherwise.					
NAME OF BENEFICIARY					
ADDRESS OF BENEFICIARY				POSTCODE	
RELATIONSHIP OF BENEFICIARY TO APPLICANT					
SIGNATURE OF APPLICANT				DATE	
SIGNATURE OF WITNESS				DATE	

(The witness **MUST** be over 18 years of age and **MUST NOT** be the beneficiary)

## IDENTIFICATION

To comply with current Money Laundering Legislation, please provide two forms of identification, one to prove identity and one to prove address. Membership will NOT be granted unless these documents are provided.

## ACCEPTABLE FORMS OF IDENTIFICATION

To prove identity - Full Driving Licence, Passport, Student/Staff ID Card

To prove address - Benefits/Pension Book, Utility Bill, DWP Confirmation Letter, Rent Book, Council Tax Demand, Bank/Credit Card Statement

Any bills/statements etc. must be originals and no more than 3 months old.

PLEASE NOTE – Birth Certificates (except for junior members) are NOT acceptable.

## DATA PROTECTION STATEMENT

In accordance with the principles of the General Data Protection Regulations (GDPR) 2018, we will use your personal details for the purpose of managing your accounts with the credit union. Your personal details will be treated confidentially and may be shared with the Prudential Regulation Authority, the Financial Conduct Authority, the Financial Services Compensation Scheme, the HMRC, the Scottish League of Credit Unions and debt collection services.

## HOW DID YOU HEAR OF THE CREDIT UNION?

Word of Mouth - Friend  Wigtown Free Press

Word of Mouth - Member  Other Newspaper

Local Radio Station  Poster or Flyer

## DECLARATION

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

SIGNATURE OF APPLICANT		DATE	
PROPOSED BY		DATE	
SECONDED BY		DATE	

## OFFICE USE ONLY

Checklist	Date	Initials
Application Received		
ID Verified & Copy Attached		
Proof of Name/Address Checked		
Passbook Issued		
<b>Date Approved By Board</b>		
<b>Chairperson's Signature</b>		