

LIBERTY CREDIT UNION LIMITED

APPLICATION FOR MEMBERSHIP

(Please use black ink and write in BLOCK CAPITALS).

MEMBERSHIP NO

TITLE.....

DATE OF BIRTH.....

FORENAME(S).....

SURNAME.....

ADDRESS.....

..... POSTCODE TEL

NATIONAL INSURANCE NO. / / / /

Mobile :.....

EMPLOYERS NAME/ADDRESS.....

.....PAYROLL NO.....

DETAILS OF ANY OTHER CREDIT UNION MEMBERSHIP.....

I hereby apply for membership and agree to abide by the rules and regulations of Liberty Credit Union Ltd. I declare that to the best of my knowledge, the information given by me on this form is correct. I accept that an amount of £1 will be deducted from my first payment to the credit union to cover administration expenses.

SIGNED.....

DATE.....

Data Protection; Liberty Credit Union Ltd is registered as a data controller under the data protection act, and information on this form will be held and used for the purposes of administration, statistical and business analysis and marketing. We will not pass on details to third parties.

NOMINATION OF BENEFICIARY

In the event of my death, I nominate.....
(relationship to member)..... to whom there shall be transferred such property in the credit union as may be mine at the time of my death, whether in shares or otherwise. I agree to advise the credit union formally in writing of any change to this nomination

WITNESS..... DATE.....

(must be over 18 years of age)

FOR OFFICE USE ONLY

Identification produced: 1..... 2.....

Checked by..... Entered by.....

Authorised and regulated by the Financial Services Authority.

This form can be photo-copied if required.