

**WEST LOTHIAN CREDIT UNION
MEMBERSHIP APPLICATION FORM**



Membership Number:				
APPLICANT'S DETAILS		Adult (aged 16 +) <input type="checkbox"/>	Junior (under 16) <input type="checkbox"/>	Additional Account Required Santa Savers <input type="checkbox"/> Savings Account <input type="checkbox"/>
Mr/Mrs/Ms/Other (please delete)	Forename	Middle Name	Surname	
Address				
Post Code		Telephone No.		Mobile No.
Previous address (if at current address less than 2 years)				
Email address				
NI Number			Date of Birth	
EMPLOYMENT DETAILS				
Are you - Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/>				
Occupation		Employer		
Full Time / Part Time (delete as appropriate)		Length of time with Employer		
SAVING FROM PAYROLL (not all employers offer this) Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)		Employee ref/payroll No.		Pay frequency:
I hereby Authorise a deduction of £ each payday.				
GENERAL INFORMATION				
Are you, or have you been a member of any other credit union? Yes / No If yes, please give details				
How or where did you hear about this credit union?				
IMPORTANT - BE KEPT INFORMED If you wish to be kept informed about news, events, activities and services and any surveys WLCU may undertake: Please tick box as appropriate: E-MAIL <input type="checkbox"/> POST <input type="checkbox"/> TEXT <input type="checkbox"/> PHONE <input type="checkbox"/>				
BANK DETAILS: (This is for when you wish to have savings transferred to your bank account)				
Name on Account		Sort Code:		Account No:
Bank Name:				
Branch Address:				
FORM OF NOMINATION (Shares and Loan Insurance Beneficiary or Junior Account, Parent / Guardian Information)				
Being a member of West Lothian Credit Union hereby nominate the person named below as the person to whom there shall be transferred, on my death, such property in the Credit Union belonging to me at the time of my death, whether shares or otherwise. Parent Guardian information, person named will grant permission for all withdrawals on my account.				
I nominate: Name of Beneficiary				
Address of Beneficiary				
Relationship to Member			Beneficiary Telephone Number:	

DECLARATION	
I hereby apply for membership and agree to abide by the rules of West Lothian 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
Witness (the witness must not be the nominated person)	Date
This application is accepted by the Committee:	Date
President's Signature	Date

FOR OFFICE USE ONLY
Applicants MUST provide two separate pieces of evidence, ONE to prove IDENTITY and ONE to prove RESIDENCE . Must be originals (not photocopies). Statements must not be more than 3 months old. Junior Accounts MUST provide Birth Certificate, Passport or Letter from their School confirming ID.
This is to confirm that ID documentation presented by the new member is verified and certified as a true copy of the original and that photographic ID is verified and certified as a true likeness of the individual.

PROOF OF IDENTITY		PROOF OF RESIDENCE	
Full Passport		Utility Bill (Gas/Electricity/Water)	
Full Driving Licence (check expiry date 4a)		Bank/Building Society Statement (not more than 3 months old)	
Proof of Residency Document		Credit Card Statements	
Travel Pass		Council Tax Statement	
Pension Book		Voting Card	
Council Payment Card		Rent Book	
Other (please specify)		Other (please specify)	
Verified and Certified by	Date	Further checks carried out by the Credit Union to verify identity of applicant	
Position in Credit Union			

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