

DUMBARTON CREDIT UNION LIMITED

MEMBERSHIP APPLICATION FORM

MEMBER NO.....

FORENAME(S).....

SURNAME.....

ADDRESS.....

.....POST CODE

TELEPHONE NO MOBILE NO

E-MAIL

DATE OF BIRTH.....

EMPLOYER'S NAME (IF APPLICABLE).....

EMPLOYER'S ADDRESS.....

.....

COUNTRY OF RESIDENCE FOR TAX PURPOSES IF OUTWITH THE UK.....

TAX INFORMATION NUMBER

NATIONAL INSURANCE NUMBER.....

FSCS INFORMATION SHEET GIVEN TO MEMBER , please tick

DESIGNATED BENEFICIARY (NEXT OF KIN) in case of death

DATE..... I..... BEING A MEMBER

OF DUMBARTON CREDIT UNION DO HEREBY DESIGNATE

NAME.....RELATIONSHIP.....

As my beneficiary who shall receive such property in the Credit Union as may be mine at the time of my death including all sums paid by virtue of the terms and conditions of the life insurance plan, savings and loans of Cuna Mutual Insurance Society.

APPLICANTS SIGNATURE.....DATE.....

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

General Data Protection Regulation Privacy Notice given to member

Member Signature

DUMBARTON CREDIT UNION LIMITED

EVIDENCE OF IDENTITY

PROVIDE ONE ITEM EACH FROM THE FOLLOWING TWO LISTS

TO CONFIRM IDENTITY

TO CONFIRM ADDRESS (DATED
(WITHIN THE LAST 3 MONTHS)

CURRENT FULL DRIVING LICENCE.....

COUNCIL TAX BILL.....

VALID PASSPORT.....

BANK STATEMENT.....

OFFICIAL I.D.....

UTILITY BILL.....

OTHER SPECIFY.....

OTHER SPECIFY.....

VERIFIED BY.....