



Application for Credit Union Membership

To be completed in BLOCK CAPITALS and returned to _____ HR Dept.

		Membership No. (Office use only)	
Personal Details			
Title:	Mr/Mrs/Ms/Miss/Other (please state):		
Forename(s):		Surname:	
Home Address:		Date of Birth:	
		N.I. No:	
		Home Tel:	
Postcode:		Work Tel:	
Email:		Mobile:	

Employment Details			
Occupation:			
Department/Section:		Payroll Number:	
Employers Name and Address:			
		Postcode:	

Nomination of Beneficiary			
I (details as above), hereby nominate (name of beneficiary):			
Of address:			
Postcode:		Tel Number:	
Relationship to applicant:			
As the person to whom there shall be transferred, all monies in my Credit Union account as may be mine at the time of my decease, whether in shares or otherwise.			

Signature of Applicant:		Date:
Signature of Witness:		Date:

(The Witness must be aged over 18 years and must not be the beneficiary)

Equal Opportunities

Your Credit Union is committed to equal opportunities. It would greatly assist our attempt to improve our service and make membership available to all sections of the community if you would provide the following information. Please tick the relevant section:

Sex:	Male		Female	
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Age Group:	0-17		18-24		25-34		25-49	
	50-59		60-69		70+			

Do you have a disability?	Yes		No	
If yes, are you registered as disabled?	Yes		No	

Are you employed?	Yes		No	
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Marital Status:	Married		Divorced		Single		Separated	
	Civil Partnership		Widowed					

No. of Dependants:	
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What is your Ethnic Origin?			
White UK		Black – African Caribbean	
Irish		Black – African	
White - Other Please specify below		Black – Other Please specify below	
Indian		Chinese	
Pakistani		Vietnamese	
Asian – Other, Please Specify below		Other ethnic group, Please specify below	

Where did you hear about us?			
Friend/Family		Housing Association	
Perth & Kinross Council		NHS	
Housing Association		Website	
Newspaper		Other (Please specify below)	

Declaration: I hereby apply for membership of and agree to abide by the rules of Perth and Kinross Credit Union. I understand that a joining fee of £2.50 will be deducted from my first payment into the credit union and that an annual service charge of £3.00 will be deducted from my savings on the anniversary of 1st October. I declare that the information provided by me on this form is true and correct to the best of my knowledge and belief.

Data Protection Statement

In accordance with the principles of Data Protection legislation, Perth and Kinross Credit Union will use your personal details for managing your account. More information can be found on our Privacy Notice or at: <http://www.pkcu.org.uk>

The Credit Union will from time to time contact you by sending newsletters, statement message, surveys, new terms and conditions or information about any changes to the way your account(s) operates.

Please tick this box if you would like to be contacted for these purposes

Signature:

Date:

Perth and Kinross Credit Union Limited is authorised by the Prudential Regulatory Authority and regulated by the Financial Conduct Authority and the Prudential Regulatory Authority - Firm reference number: 597353

Payroll Deduction Mandate

Name: _____

Date of Birth: _____

National Insurance Number: _____

Only complete this section if your employer has agreed to provide payroll deduction to Perth and Kinross Credit Union 282 High Street, Perth PH1 5QS. Telephone number:01738 624872

Department/Section: Pay: No.

I authorise payroll to make the following deductions(s) from my weekly/fortnightly/monthly pay to Perth & Kinross Credit Union:

£..... per week fortnight four weeks month (tick as appropriate)

(N.B There is a joining fee of £2.50 which is deducted from your first payment)

Signature:

Date:

Identification: To comply with current legislation, two forms of identification are required, one to prove Identity and one to prove address. A new member will also be asked to provide their date of birth and National Insurance number. Please contact PKCU if either of these are different from your records.