



Gloucester Library  
Brunswick Road  
Gloucester GL1 1HT  
Tel: (01452) 422712  
Info@gloscreditunion.org.uk  
www.gloscreditunion.org.uk

## Application for Membership

Membership Number
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**Personal Information**

Title ..... Forenames ..... Surname .....

Address.....

Postcode .....

Date of Birth .....

I am under 18 and wish to apply for Junior Membership  (tick if applicable)

Home Telephone Number ..... Mobile Number .....

Email .....

**Employment** (You should complete this section if you do not live in Gloucestershire)

Occupation .....

Employer's Name .....

Employers address .....

**Personal Identification Numbers**

National Insurance (required) .....

Passport (If known) .....

Driving Licence (If known) .....

**Bank Account Nomination**

We will normally only pay withdrawals from your credit union account and loan advances by direct transfer to your bank account. Please nominate a bank account to which these transfers will be made.

Bank ..... Sort Code .....

Account Name ..... Account Number .....

<b>Do you pay tax in any other countries?</b>	
Please declare any tax jurisdictions other than the UK in which you are considered resident for tax purposes	
Country / Tax Jurisdiction	Tax Information Number

<b>I acknowledge receipt of the information sheet giving details of the deposit guarantee scheme (FSCS) which protects any savings I may have in Gloucestershire Credit Union</b>	<input type="checkbox"/>
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**I hereby apply for membership of the Gloucestershire Credit Union Ltd and agree to abide by their rules. I declare, to the best of my knowledge, the information given on this form is correct. I consent to Gloucestershire Credit Union referring to a credit reference agency for identification purposes and the agency may keep a record of the enquiry on my file.**

Signature	Date
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Where did you hear about us? Please circle: Local Library, Poster, Local Newspaper, Collection point, Radio, School, Employer, Other (please state)

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Office Use Only	
Identity documents copied and checked by:	
Application fee & first share paid (amount received):	
Collection sheet reference:	
MHRC Sanctions List checked by:	

Once completed, please bring this form to our office in Gloucester Library or one of our service points, (see [www.gloscreditunion.org.uk/opening-times/](http://www.gloscreditunion.org.uk/opening-times/) for details of our service points and opening times). You will also need to bring documents to verify your identity and address (see below).

There is a one-off fee of £3 to join Gloucestershire Credit Union, this is to cover the costs of setting up a new account. You must also deposit at least £1 into your account when you open it.

Before we can process your application we need to verify your identity and address. We need to see the originals of at least 2 different documents:-

#### Documents allowed to verify identity

One of:-

- Passport
- Photo Driving Licence
- National Identity card (non-UK nationals)

Or two from:-

- Birth Certificate
- Old Style paper Driving Licence
- Benefits Agency letter
- HMRC Letter

#### Documents allowed to verify address

One of:-

- Bank statement (not taken from internet)
- Credit Card Statement
- Utility bill (not from internet or mobile phone)
- Council Tax bill or statement
- Court document
- Benefits Agency letter
- HMRC Letter

All documents must be originals, not copies.

Letters should be less than one year old.

Any document used to verify identity may not also be used to verify address.

**Please contact us to make an alternative arrangement** if you are unable to bring your form when we are open, or if you have difficulty getting the documents to verify your identity and address.

## Beneficiary Nomination

I (full name) .....

Of (full address) .....

Being a proposed member of the Gloucestershire Credit Union hereby nominate the following named people as sole beneficiary/ies to whom shall be transferred such monies within the credit union as may be mine at the time of my death whether in shares or otherwise.

1)	Name
	Address
	Postcode
2)	Name
	Address
	Postcode
3)	Name
	Address
	Postcode
4)	Name
	Address
	Postcode

Signed	Date
Witnessed by (full name)	
Witness Signature	Date
The witness should <b>not</b> be a beneficiary	