

**BRIDGEND LIFESAVERS CREDIT UNION LTD**

LIFELONG LEARNING CENTRE, MURFIELD CLOSE, SARN, BRIDGEND, CF32 9SW  
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**APPLICATION FOR  
SHARE TRANSFER / WITHDRAWAL**

Branch:..... Date:.....

Name:..... Membership No:.....

Place of Work:.....

Home Address:.....

Savings Balance £..... Loan Balance £.....

Please issue me a cheque in the sum of £.....and debit my account

Cashable at which post office:.....**Signature:**.....  
(Only certain p.o's available)

**ACCOUNT CLOSURE ONLY** Please read the following statement before signing)  
I understand that in withdrawing ALL of my shares, I am terminating my membership of the  
Bridgend Lifesavers Credit Union Ltd and request that any monies due to me by the way of  
dividend or interest is forwarded to me at the following address:

Address:.....

..... Signed:.....

**SHARE TRANSFER**

Transfer from Member No:.....

To Member No:..... Share / Loan Account

Amount to be transferred £.....

Signed:..... Witnessed:.....  
**(BLSCU Officer)**

**FOR OFFICE USE ONLY**

**Date of Receipt      Input Date      Batch No      Input By**

