



# Membership Application

## **Bridgend LifeSavers Credit Union**

LIFE LONG LEARNING CENTRE, MERFIELD CLOSE, SARN BRIDGEND, CF32 9SW  
1 STATION HILL, BRIDGEND, CF31 1EA  
TELEPHONE: 01656 729912 / 01656 667089 EMAIL: INFO@BLSCU.CO.UK

All information volunteered and noted in this document will be treated as strictly Confidential by the Bridgend Lifesavers Credit Union Ltd.  
It will only be dealt with by officers who have signed a legal declaration of confidentiality.

Member No:..... Date Of Birth:.....  
Title:..... Date Joined:.....  
Surname:..... Home Phone:.....  
First Name:..... Mobile Number:.....  
Middle Name(s):..... N.I Number:.....  
E Mail:.....

Address:.....  
.....

Post Code:.....

Can we contact you at this address to discuss this application? Yes / No

Number of children under 16 ..... Over 16 and dependant..... Other dependants.....

Is your home: Owned / Rented/ Are you living with family /friends / other

If other please specify:.....

## **Employment Details**

Please circle to show your present status: Employed Unemployed Self Employed Retired Homemaker

If Employed, please state your occupation:..... Name of Employer.....

Employers address:.....  
.....

Works' Tel No:..... Can we contact you at this number? **Yes / No (Please circle)**

**You must provide proof of identity to an officer of the credit union with a document from a reputable source which bears your true name and a photograph. In addition a document with your current address is also required. Examples are: Passport, Driving Licence, Tenancy Agreement, Gas Bill, Electricity Bill, Council Tax Bill, Proof of Benefit(s), Credit Card Bill, Telephone Bill etc. If you do not. or are unable to provide the appropriate forms of anti-money laundering documentation when submitting your membership application form, BLSCU will reserve the right to use a third party provider for the purpose of I.D verification.**

**Details from identification produced.....**

I consent to the sharing of the information given on this form with selected third parties for the purposes of I.D verification and fraud prevention. I hereby apply for membership and agree to abide by the rules of BRIDGEND LIFESAVERS CREDIT UNION. I declare that the information provided on this form is true and correct to the best of my knowledge.

Signed:.....  
Prospective Member

Witnessed:.....  
Bridgend Lifesavers officer

**Benefits of membership when you join your local Credit Union :**

- **Free Life Insurance on both Savings and Loans\*** (terms and conditions apply);
  - **Flexible Savings** - Deposits can be paid into your credit union account by cash, cheque or via standing order direct from your bank account.
  - **Payroll deduction** facility if you work for a sponsored employer
  - Member's savings are fully protected up to a maximum of £85,000 by the Financial Services Compensation Scheme (FSCS). Please check out our website for further details.
  - Shares are eligible for an annual dividend, depending on profits made and reserves met.
  - Flexible, affordable loans tailored to suit you.
  - No administration or setup fees on loans and no penalty charges for early repayment.
  - Interest on loans applied on a daily basis, upon the reducing balance.
  - Credit Unions are mutual organisations. Member's savings are pooled to provide the resources for lending to other members, thus helping to benefit the local community.
- \*Subject to terms and conditions. Certain restrictions apply based on savings balance and on age at death or age when savings were made and cover.

**Nomination Form**

Savings and loans up to a maximum of £5,000 each are covered by free life insurance. In the event of the death of a member, the insurance cover will repay an outstanding loan and pay up to double the savings (subject to terms and conditions.) These funds and any savings will be paid to your nominated beneficiary.

*In the event of my death, I nominate the person named below as my beneficiary to receive all my shares and any sums payable under the life insurance scheme of the credit union.*

I (your name):..... Witnessed:.....  
 Of (the above address)

A member of BRIDGEND LIFESAVERS CREDIT UNION LTD, hereby nominate (person to whom you wish to leave  
 Your money)

Name:..... Of (Address):.....  
 .....

as the person to whom there shall be transferred, at my decease, such property in the Credit Union, as may be mine  
 at the time of my decease, whether in shares or otherwise.

Your Signature:..... Date:.....

Independent Witness:..... Date:.....