**New Member Application**

Head Office: Bridgend LifeSavers Credit Union, Merfield Close, Sarn, Bridgend, CF32 9SW Tel: 01656 729912

Email: info@blscu.co.uk Website: [www.blscu.co.uk](http://www.blscu.co.uk)

Town Centre Branch: Bridgend Lifesavers Credit Union, 1 Station Hill, Bridgend, CF31 1EA Tel: 01656 667089

**All information volunteered and noted in this document will be treated as strictly confidential by**

**Bridgend LifeSavers Credit Union Ltd.**  **It will only be dealt with by officers who have signed a declaration of confidentiality.**

**Privacy Policy**

**In accordance with the General Data Protection Regulation (GDPR), we will use your personal details for the purpose of managing your account with the Credit Union.   For more information on how we treat your personal data, please refer to our privacy policy which is available under ‘About Us’ on our website** [**www.blscu.co.uk**](http://www.blscu.co.uk) **or email** **info@blscu.co.uk** **to request a copy.**

 **Mem No:**

**Title: Surname: Forenames(s):**

**Middle Name(s): Date of Birth: / /**

**NI NO: Email:**

**Home Tel No: Mobile No:**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

No. of children under 16**\_\_\_\_\_\_\_\_\_** Over 16 and dependent**\_\_\_\_\_\_\_\_\_\_** Other dependents**\_\_\_\_\_\_\_\_\_\_\_**

Is your home/owned/private rented/housing association / living with family/friends/other (please circle)

If other please specify**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment Details**

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

If employed, please state your occupation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of employer**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employers address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Work’s Tel No**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Can we contact you on this number? Yes/No (Please circle)

With the application, you will need to **provide at least two forms of** the following identification. **We require one from Table A and 1 from Table B or two from Table A**

|  |  |
| --- | --- |
| **Section A** | **Section B** |
| Valid Passport | Utility Bill (Not Mobile Statement) |
| Current Driving Licence | Benefits Letter and Housing Association Letter |
| Birth Certificate | T.V. Licence  |
| Benefit letter | NHS Doctors Letter  |

**If you do not have any of these documents, please let us know. There are many more documents that can be used. We would like to help you open a Credit Union account.**

**Beneficiary Form**

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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Of (address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A member of Bridgend Lifesavers Credit Union Ltd, hereby nominate (person to whom you wish to leave your money)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Of(address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary Contact No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Union Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Protection Statement: In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purpose of managing your accounts with the credit union. Your personal details will be treated confidentially and will only be shared with other agencies for the purpose of credit referencing and debt recovery. You also have a right of access to the personal information we hold on you.

**Declaration**

By signing below, I acknowledge that I have received the Financial Services Compensation Scheme Information Sheet which I have read and understood in full.

I hereby apply for membership and agree to abide by the rules of Bridgend LifeSavers Credit Union Ltd. I declare that the above information given by me on this form is true and correct to the best of my knowledge. The minimum deposit required to open an account is £2. £1 is for the membership fee and £1 will be deposited to your savings account.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Union Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_