

Membership Application Form

Main Office: Harlequin Court, 44a Windsor Road, Neath, SA11 1LZ Email: admin@celticcreditunion.co.uk Telephone Number: 0333 006 3002

For Office Use Only

Membership Number Allocated:		Membership Fee Paid:	Yes /	No
Passbook Issued:	Yes / No	Identification Verified:	Yes /	No

Terms and Conditions of Membership

A minimum deposit of £3.00 is required to open an account.

- £1 is deducted as a membership fee
- A minimum of £2 is required to be in your savings account to keep the account active
- A monthly membership fee of 50p will deducted at the end of each business month.

With the application you will need to provide identification, either a:

- Current Driving Licence
- Valid Passport

And at least one of the following below. If you do not possess photographic identification then you must provide three of the following:

- Utility Bill (not a mobile phone statement)
- An Official Letter with your name and address (e.g. Benefits Agency, HMRC, Local Authority/Housing Association correspondence, NHS)
- Payslips/P45/P60
- Bank/Building Society Statements/Credit Card Statement
- Mortgage/Rental Agreement

Other forms of identification maybe accepted, please ask.

Personal Details (please complete in block capital letters)

Title: Mr / Mrs / Miss / Ms / Other:	Forename:	
Middle Name(s):	Surname:	
Nationality:	Marital Status:	
Date of Birth:	NI Number:	
Telephone Number:	Mobile Number:	
Email Address:		
Address:		
	Post Code:	

Personal Details (Continued,)			
Country of Residence:				
Country of Birth:				
Payment Method:	Standing (Order - Pa	yroll - Walk Ir	n/Cash
Employment Status:	Employed /	Self Emp	oloyed / Une	mployed
Occupation:				
Company / Organisation:				
Next of Kin Details (Please In the event of my death, I nominate Credit Union as may be mine at the t	the following as the per	son to whon	n shall be transt or otherwise.	ferred such property in the
Forename:		Surname):	
Address:				
Address.		F	Post Code:	
Contact Number:			Membership Number:	
Relationship to you:				
Tax Residency for the pu				Standard
Are you a Tax Resident in anot	ner country?	YES	NO	
Supplementary Members	hip Application	Informat	tion	
All Credit Unions are obliged to co laundering and the financing of ter		hat the Gov	vernment has e	enacted to combat money
In accordance with this legislation, Questions. We would be grateful	we are required to ob if you would tick the re	tain answe levant box	ers from all our es.	members to the following
Please circle the relevant box to a	nswer the following Q	uestions		
Are you a Politically Exposed Person (PEP) or are you a relative or close associate (RCA)?				1
		YES	NO	

Marketing Preferences

As part of improving our services to you, from time to time we would like to inform you of goods, services, competitions and/or promotional offers available from us. We may wish to contact you by different means when sending such marketing communications.

Please confirm, by indicating below, the methods by which you verbally consent to be contacted.

POST	
EMAIL	
TEXT	
TELEPHONE	

Declaration

I hereby apply for membership and agree to abide by the rules of the Credit Union. I declare that the information given by me on this form are to the best of my knowledge and belief correct and complete. I understand that Celtic Credit Union will process my data in accordance with my rights under the Data Protection Act 1998 and GDPR 2018.

How we use your information

We will use your personal data for the purposes of managing your accounts with the Credit Union. Your personal details will be treated confidentially and in accordance with our Privacy Policy. Our Privacy Policy is available on request and online at www.celticcreditunion.co.uk/policies-and-procedures/

Applicants Signature:	
Date Signed:	