



Membership Application Form

Application For Membership

(Please complete in BLOCK CAPITALS)

Membership No _____

(for WFCCU use)

SURNAME _____

MR/MRS/MS/MISS _____

FORENAME/S _____

Date of Birth _____

ADDRESS _____

POSTCODE _____

CONTACT NO. (DAY) _____ (EVENING) _____ (MOBILE) _____

EMAIL ADDRESS _____

NATIONAL INSURANCE NO: _____ ETHNIC ORIGIN _____

OCCUPATION _____ EMPLOYER _____

EMPLOYERS ADDRESS _____

Today I am depositing £ _____ **which includes my entrance fee of £2.00**

OPTIONAL: Thereafter I intend to save £ _____ week/month
 (If you wish to pay by standing order or payroll deduction, please complete attached mandate)

To qualify for membership you must provide identification (please see attached) and must meet the common bond criteria for the Waltham Forest Community Credit Union.

Common Bond Qualification: Please tick one box only

I live within the Borough of Waltham Forest

I work within the Borough of Waltham Forest

(in this case, please submit your most recent pay slip which will be returned to you)

I am a continuing member of a church or faith group

Within the Borough of Waltham Forest
 (in this case, please add name and address of the church or other faith group here)

Are you a member of another credit union? Y/N **If so, what is its name** _____

I hereby apply for membership of the Waltham Forest Community Credit Union and agree to abide by its Rules.

I declare that information given by me on this form is true and correct to the best of my knowledge and belief.

APPLICANTS SIGNATURE _____

SIGNATURE REQUIRED IF JOINT ACCOUNT _____ (Second applicant should complete a separate form)

DATE _____

For Office Use Only:

ID CHECKED: Identity: Type _____ Number _____

Address: Type _____ Number _____

Photo taken: Photo number _____

ID Card Signed Y/N

Entered in Curtains by _____

APPLICATION APPROVED BY _____

Nomination Form

In the event of my death, I nominate the following person(s) to who there shall be transferred any property held in my name by the Waltham Forest Community Credit Union, whether in the form of shares or otherwise.

Full name (Mr/Ms/etc) _____

Address _____

Full name (Mr/Ms/etc) _____

Address _____

This form must be signed by you in the presence of two witnesses, neither of whom must be one of the above nominees, as below
Your own full name (BLOCK CAPITALS)

Your signature

First witness name (BLOCK CAPITALS)

First witness signature

Second witness name (BLOCK CAPITALS)

Second witness signature

You can change your nominee(s) at any time by writing to our office and paying a small fee. Your signature on your letter would have to be witnessed by two people, just like the above form.

Proof of Identity

Please provide 1 item from each of the following lists to prove identity upon application to be a member. A check will be made to ensure that the documents are current. Your proof of identity is required by law, if you are unable to provide any of these, please contact the Credit Union Office for advice.

To confirm who you are:

Birth Certificate
NI Card
Valid Passport
Driving Licence**
Marriage Certificate
Employers ID with photograph
Pension Book**
Benefits Letter**

To confirm your name and address:

Council Tax Bill
Utilities Bill
Bank Statement
Building Society Statement
(all less than 3 months old)
Rent Book
Medical Card
Pension/benefits Book**
Driving Licence**

***cannot be used for both ID and to confirm name and address*

The means of identification must be current and will be used to establish bon fide identity and the residential qualification. The Waltham Forest Community Credit Union policy on money laundering also requires this information.

Waltham Forest Community Credit Union



Bank/Building Society Standing Order Form

Please complete the form below and we will send it to the manager concerned.

TO: The Manager Bank/Building Society
Address

Name(s) of Account Holder(s) (BLOCK CAPITALS)

Bank/Building Society Number

Bank/Building Society Sort Code

Instruction to you Bank/Building Society

Please pay from the account detailed above £
(pounds in words)

Per **Week** Per **Fortnight** Per **Month** (if monthly) onday of each month

With Effect From until further notice, to the credit of **Waltham Forest Community Credit Union Ltd**

<p>The Cooperative Bank Plc Salford Central Commercial Branch PO Box 250 Skelmerside WN8 6WT</p>	<p>Account name: Waltham Forest Community Credit Union Limited Sort Code: 08-92-50 Account No: 67009578</p>
<p>Ref. No.....(to be quoted by paying bank) (the WFCCU will insert this number)</p>	

Member's name

AddressPostcode.....

Signature Signature (If Joint Account.....)

Date

For Office Use Only:

Approved by (Name)

Approved by (Signature).....