



Registered Office: 8 Bank Street, Alloa, FK10 1HP

Tel: 01259 214200

e-mail: clackscu@btconnect.com

**Application for Adult Membership**

<b>New Account Number</b>	
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**APPLICANT DETAILS**

Name: \_\_\_\_\_

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

Postcode: |\_|\_|\_|\_|\_|\_|\_|\_|

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number(s): \_\_\_\_\_ National Ins. No. : \_\_\_\_\_

Home:.....Mobile:.....

e-mail address: \_\_\_\_\_

**Designation of Beneficiary**

I, \_\_\_\_\_

being a member of Clackmannanshire Credit Union Ltd, do hereby designate

\_\_\_\_\_ (NAME OF BENEFICIARY) \_\_\_\_\_ (RELATIONSHIP TO YOU)

of \_\_\_\_\_ (BENEFICIARY'S FULL ADDRESS)

Postcode \_\_\_\_\_ Tel. Number \_\_\_\_\_ as my beneficiary to receive any and all sums of money paid under and by virtue of the terms and conditions of the Death Benefit Trust. I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent form shall constitute a change of beneficiary.

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

Witness\*: Name \_\_\_\_\_ Signature \_\_\_\_\_  
(\*CREDIT UNION WORKER)

**EVIDENCE OF IDENTITY & ADDRESS**

Clackmannanshire Credit Union is legally obliged to check the identity and address of every applicant. All applications for membership must be accompanied by two forms of identification and joint applicants must produce two documents\* for each applicant. One piece of evidence is needed to prove identity e.g passport, photo driving licence, signed bank/credit card, etc.

A separate document\* is needed to verify the address of each applicant and this document must be dated within three months of the date of application e.g. Utility bill, phone bill (but not a mobile-phone bill), Council tax letter, etc.

N.B. \*Original documents only - Photocopies of documents are **NOT** acceptable.

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**Declaration**

**Clackmannanshire Credit Union is an organisation which promotes savings as an essential part of the management of personal finances.**

I \_\_\_\_\_ (PRINT NAME)

understand that by applying for membership of Clackmannanshire Credit Union, I am **committing myself to saving regularly with the Credit Union**. I acknowledge that there is a £2 joining fee and that a minimum of £5 must be held in my Share account for that account to remain open.

**Signature of Applicant** \_\_\_\_\_

**Date of Application :** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Office use only*

	<i>Indicate completion</i>	<i>Initials of Officer</i>
<i>ID attached</i>		
<i>Personal details entered</i>		
<i>Beneficiary details entered</i>		