

change the beneficiary herein designated.

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

Tel: 01259 214200

e-mail: clackscu@btconnect.com

Application for Joint Adult Membership

L	Number		
APPLICANT 1 DETAILS			
Name:			
Address:			
Postcode:		Date of Bi	irth:/
<u>Telephone Number(s)</u> :		National Ins. No.	:
Home:	Mobil	e:	
e-mail address:			
APPLICANT 2 DETAILS			
Name:			
Address:			
Postcode:		Date of Bi	irth:/
<u>Telephone Number(s)</u> :		National Ins. No.	:
Home:	Mobil	e:	
e-mail address:			
Des	signation of Bend	eficiary (This s	hould NOT be one of the applicants)
We,		and	
being members of Clackmannan	shire Credit Unio	n Ltd, do hereby de	esignate
(NAME OF BENEFIC	CIARY)		(RELATIONSHIP TO YOU)
of(BENEFICIARY'S FULL ADD Postcode receive any and all sums of mone	DRESS) Tel. Numbe	er	as our beneficiary to

The execution of a subs	equent form shall constitu	te a change of b	eneficiary.		
Signature 1		Date			
Signature 2		Date			
Witness*: Name	(*CRE	Signature(*CREDIT UNION WORKER)			
EVIDENCE OF IDEN	TITY & ADDRESS				
applicant. All applicatio joint applicants must pro	ns for membership must b	e accompanied each applicant.	entity and address of every by two forms of identification and One piece of evidence is needed to edit card, etc.		
	hs of the date of application		icant and this document must be ll, phone bill (but not a mobile-		
N.B. *Original document	nts only - Photocopies of	documents are N	NOT acceptable.		
	Decla	<u>ıration</u>			
Clackmannanshire Cr of the management of		tion which pro	motes savings as an essential part		
We			(PRINT NAME)		
and			(PRINT NAME)		
committing ourselves t		he Credit Unio	e Credit Union, we are n. We acknowledge that there is a e account for that account to remain		
Signature(s) of Applica	unt(s) 1				
Date: / /	2				
	<u>Office</u>	use only			
		Initials			
<u> </u>	O attached				
$ P\epsilon $	ersonal details entered				

Beneficiary details entered