



# Sheffield Credit Union

Friendly and Affordable Financial Services

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Sheffield Credit Union Limited  
16 Commercial Street, Sheffield S1 2AT  
Registered in England and Wales  
Registered number: 637C

## MEMBERSHIP APPLICATION: READ WITH JOINER INFORMATION PACK

### Personal details

Approval Code (referral partner)

Title: Mr / Mrs / Ms / Miss

First Name

Last/Family Name

Address

Postcode

Date of birth

National Insurance No.

Home Telephone

Mobile Telephone

Email

Landlord

Occupation

Employer

Is this your address for tax purposes **Yes/No**

If no, country for tax purposes\*

TIN (tax number)

\* if more than one, please list other countries with tax numbers below

I confirm that I have received the FSCS information sheet supplied with this form (please tick)

### Nomination

*'In the event of my death I nominate the following person(s) to whom there shall be transferred such property in the Sheffield Credit Union as is mine at the time of my death, whether in shares or otherwise'*

Name

Telephone

Address

Relationship to member

Date of Birth

Witnessed by (please print)

Signature

### Your health

Do you consider yourself to have a disability / limiting long term illness that may affect your ability to access our services? **Yes**  **No**

Do you have any mental health or mental capacity issues that you believe may affect your ability to manage your money or understand the terms and conditions of your account? **Yes**  **No**

Any sensitive data we collect from you is held in the strictest confidence and is used only for the purposes of handling your credit union account with us.

*How did you hear about us:*

I would like to receive information on Sheffield Credit Union's products and services by:

Post  Email  SMS Text  (please tick)

## Declaration

*I hereby apply for membership and agree to abide by the rules of Sheffield Credit Union and declare the information given is correct to the best of my knowledge and belief. I confirm I have a copy of the joiner information pack and have read this before completing this form.*

Signature of applicant

Date

The following questions are **optional**—if you would like to give this information, it will help to shape our services.

## Ethnic background

Please tick  the description that best fits your ethnic background

### White:

British   
 Irish   
 Gypsies & traveller   
 Other white background

### Black or black British:

Caribbean   
 Somali   
 Other African   
 Other Black

### Asian or Asian British:

Indian   
 Pakistani   
 Bangladeshi   
 Other Asian

### Mixed/Dual Heritage:

White/Black Caribbean   
 White/Black African   
 White and Asian   
 Other mixed background

### Chinese or Chinese British:

Any Chinese   
 background

### Other Ethnic Group:

Yemeni   
 Other Ethnic group   
 Prefer not to say

## Employment status

Unemployed  Self employed  Employed   
 Retired  Student  Other

Do you receive any benefits?

If YES, what is your main benefit

## Household makeup

Single parent  Single  Couple - no children   
 Couple with children  How many children?

## Household status

Owner occupied  Local authority housing  Privately rented   
 Living with family/friends

## Your gender

Male  Female  Transgender  Other

# Politically Exposed Person (PEP)

## Self-declaration Form

Due to regulations, we have to ensure we record whether a member is a politically exposed person (PEP). Please read carefully below and tick the relevant box then sign the form and hand it in.

*Important: We require you to inform us of any change to the status below as soon after it occurs as possible.*

A **'Politically Exposed Person'** is someone who holds or has held at any time in the last year, a prominent public position, including:

- heads of state, heads of government, ministers and deputy or assistant ministers; members of parliament or of similar legislative bodies;
- members of the governing bodies of political parties;
- members of supreme courts, of constitutional courts or of other high-level judicial bodies, the decisions of which are not subject to further appeal, except in exceptional circumstances;
- members of courts of auditors or of the boards of central banks;
- ambassadors, chargés d'affaires and high-ranking officers in the armed forces;
- members of the administrative, management or supervisory bodies of state-owned enterprises;
- directors, deputy directors and members of the board or equivalent function of an international organisation.

**'Family members'** of a PEP includes the following relationships:

- spouse or partner;
- children and their spouses or partners;
- parents;

A **'known close associate'** of a PEP includes the following:

- someone with joint beneficial ownership of a legal entity or a legal arrangement or any other close business relationship with a PEP;
- someone with sole beneficial ownership of a legal entity or a legal arrangement which is known to have been set up for the benefit of a PEP.

*Having read and understood the above, I confirm that: (please tick the relevant box)*

- I am none of the above
- I am or have been during the last 12 months a Politically Exposed Person (PEP) as defined above
- I am a family member of a PEP as defined above
- I am a known close associate of a PEP as defined above

NAME (in capitals): \_\_\_\_\_

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

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



## BACS PAYMENT AUTHORISATION

This form is for the authorisation of bank transfers by telephone, and replaces any previous forms submitted for this purpose.

I authorise Sheffield Credit Union Ltd to transfer payments directly from my credit union account into my bank account as detailed below.

<b>Personal Details</b>	
Family Name:	
Forenames:	
Tel No:	Membership No

<b>Credit Union Account Security</b>	
Password	
Password Reminder Question	
Mother's maiden name	

<b>Nominated Bank Account Details</b>	
Name of Bank or Building society	
Name on the Account	
Building Society Roll Number (if applicable)	
Sort Code	
Account Number	
<b>Signature:</b>	<b>Date:</b>

I understand that any change in bank details to which my shares are sent must be informed on a new BACS Payment Authorisation form.

<b>For Office Use Only</b>	
Date received:	Initials entered:
Date scanned & filed:	Initials approved:

*\*Same day transfers requested will be charged at £2 per transaction. Three day transfers are free of charge. You can also request online free of charge. Please do not use a reference. If you require us to stop sending to this bank account, we require 2 working days' notice to put this in place, and require this to be backed up in writing.*