



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

DD MM YYYY

Employment Status

Employer Name & Address (if applicable)

Home Telephone

Mobile Telephone

Email

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)

I confirm that I have received and read the Privacy Notice 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

Relationship to member

Please make sure that you make your beneficiary aware of this, as they will need to contact us in the unfortunate event of your death. Please let us know if and when you wish to change your beneficiary.

How did you hear about us:

Your health and other needs

If you consider yourself to have a disability / limiting long term illness that may affect your ability to access our services, or 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 please let us know. If you would like assistance with this form please contact us on 0114 2760787 or by email on admin@sheffieldcreditunion.com

Please provide the following security details for your account:

Password

Password Reminder Hint

Mother's maiden name

What would you like to use your account for?

This is to help us to ensure that you receive the products and services that will benefit you most.

Savings

☐

Loans

☐

Savings & Loans Combined

☐

Budgeting (SCUBA) accounts

☐

Ethical Savings*

☐

**Ethical savings are savings held with the main purpose being to benefit the local community.*

Marketing and information options

We would like to send you Newsletters and information on our products and services. We never send marketing from third parties. Please indicate if and how you would like to receive this information.

Post

☐

Email

☐

Text

☐

None

☐

If you would like to unsubscribe from receiving this information, or change your preferences, please contact us on admin@sheffieldcreditunion.com, or put this in writing to Marketing, Sheffield Credit Union, 16 Commercial Street, Sheffield, S1 2AT, call into our Sheffield or Rotherham office or send us a contact message through the online services area of our website.

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, including the Privacy Notice before completing this form.

Signature of applicant

Date

Checklist—what to include with this form

Member
use

Office
use

All parts of this 2-sided form—including marketing preferences

☐☐

Proof of ID and address—as described in the information pack

☐☐

Had and acknowledged Privacy Statement

☐☐

Completed PEP Self-declaration form

☐☐

Ticked the box to confirm that you have received the FSCS Compensation Scheme form

☐☐

£2 membership fee plus £1 minimum savings deposit (if paying by cash)

☐☐

Completed BACS authorisation form for withdrawing funds to a bank account

☐☐

Loan application or SCUBA application forms (if applying for these services also)

☐☐

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

☐
☐
☐
☐

I understand that further checks may be made against my name to verify if records are held regarding my status as a PEP.

NAME (in capitals): _____

Signature: _____

Date: ____/____/____

For Office Use Only:

Member No. _____

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

**Same day transfers requested will be charged at £2 per transaction. 3 to 5 working day transfers are free of charge. You can also request online free of charge if you have signed up to our Online Services (£2 fee applied if reference used) For withdrawals of £2000 or more we may require 1 weeks' notice.*

Personal Details	
Full Name:	
Tel No:	Membership No:
Credit Union Account Security	
Please note, you will need to provide a password and other security details on your membership form or up-date of contact details form in order to make withdrawals to the bank account that you have provided below. Your signature on this form will be checked against your records before we make any changes, and you may be called to verify the changes.	
Nominated Bank Account Details	
Name of Bank or Building Society:	
Name on the Account:	
Building Society Roll Number (if applicable):	
Sort Code:	
Account Number:	
Signature:	Date:

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.

Please Note: We recommend that all forms are submitted either in person at one of our offices or by post.

Please be aware that should you choose to send any personal or sensitive information to us by email this will be at your own risk and we cannot accept any responsibility for a third party acquiring this via unlawful actions outside of the organisations control.

You can subscribe or unsubscribe from receiving marketing information and change your marketing preferences at any time. We will only send information on our products and services and your details will not be passed to third parties. Please use the details in the header to contact us about your marketing preferences.

For Office Use Only			
Date received:	/	/	Initials entered: Initials approved: