



MEMBERSHIP APPLICATION

Your Details

Office use only: Membership no

Title

First name(s)

Last name

Date of birth

DD MM YYYY

Address

Postcode

Are you tax resident in any country other than the UK? Yes No

If **yes**, please provide details of all your other tax residencies:

Tax country	Tax Identification Number
<input type="text"/>	<input type="text"/>

Contact Details

Mobile number

Home number

Email address

Security Details — We will use these details to confirm your identity by phone

Password

Reminder

Mother's maiden name

Marketing and Information

Would you like to receive updates and newsletters about our products and services? We never send marketing about third party products, and we do not pass your details onto third parties for marketing.

By email By SMS By post None

To opt out or change your preferences at any time, contact us using the details at the top of this form.

How did you hear about us?

Your Account

What do you plan to use your account for? (Please tick all that apply)

Savings

Loans

Budgeting

Payroll deductions

Ethical Saver

If you plan to deposit a lump sum and not make regular transactions, in order to support the work of Sheffield Credit Union, you can register as an Ethical Saver.

Ethical Savers are exempt from dormancy, which means it is especially important for you to inform us if you move house or change your contact details. If your balance drops below £25, or if you make more than one withdrawal in a year, your Ethical Saver status will be removed.

Please record me as an Ethical Saver

Nomination

Please choose a nominee for your account, who will receive your savings in the event of your death.

'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 you (e.g. daughter)

Politically Exposed Persons

In the last 12 months, have you, or any member of your family, been a local councillor, member of parliament, or public office-holder, either in the UK or overseas?

Yes No

If **yes**, please provide details:

Position(s) held	Dates
<input type="text"/>	<input type="text"/>

If you have held another politically exposed position, or are a close associate of someone who has, you must inform us. We will also carry out further checks to identify any positions you have not disclosed.

Declaration

I have received and read the FSCS Information Sheet and Privacy Notice supplied with this form

I consent to Sheffield Credit Union conducting an online ID check on me

I hereby apply for membership and agree to abide by the rules of Sheffield Credit Union, and declare that the information on this form is correct to the best of my knowledge and belief.

Signature

Date

Please complete the attached Your Bank Account form,
and return the completed forms to us at:

Sheffield Credit Union
35 Townhead Street
Sheffield
S1 2EB



Sheffield
Credit Union



Savings and Loans across South Yorkshire

Sheffield Credit Union Limited
35 Townhead Street
Sheffield S1 2EB
Registered in England and Wales
Registered number: 637C

T: 0114 276 0787
E: admin@sheffieldcreditunion.com
W: www.sheffieldcreditunion.com

Your Bank Account

This form is to update the bank account held on your Sheffield Credit Union record. Any share withdrawals – including regular automatic withdrawals – and loans will be paid into this bank account, with the exception of withdrawals requested via the online services at www.sheffieldcreditunion.com.

You can only have one account on record at a time. The details given below will replace any previously held account details.

If you change your bank details, please inform us immediately. Sheffield Credit Union cannot accept responsibility for any funds sent to an incorrect account, where we have not been informed of the change. Bank account details can only be updated in writing on this form.

Personal Details	
Full Name:	Membership No:
Credit Union Account Security	
An additional phone password is required if you wish to make withdrawals by phone. If you do not have a phone password, or cannot remember it, please speak to a member of staff.	
Nominated Bank Account Details	
Bank or Building Society:	
Account Holder's Name:	
Building Society Roll Number (if applicable):	
Sort Code:	
Account Number:	
Signature:	Date:

Please provide 3 working days' notice of withdrawals where possible. Same day transfers are available for an additional £2 charge, except for withdrawals requested via online services, which are free.

Please provide at least 4 working days' notice to stop automatic transfers to this account.

Please Note: We recommend that all forms are submitted either in person at our office 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 organisation's control.

Office use only:				
Date received:	/ /	Sig/ID checked:	Entered:	Approved: