Capital
CREDIT UNION

a fresh approach to financial services

new member application form

→ Savings
Loans
Current Account
Insurance
Mortgages

friendly ethical professional

Reference

capital credit union new member application form

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS. Full name, telephone number, country of nationality and date of birth details must be given or the application will be delayed or returned.

A: YOUR PERSONAL DETAILS

Membership Number

Forename Surname

Date of Birth National Insurance Number

Current Address

Postcode

Telephone (HOME) Telephone (WORK)

Telephone (MOBILE) Email

Password

B: EMPLOYMENT DETAILS

Employer's Name Staff Pay No

Address

Postcode

C: NEXT OF KIN DETAILS

In the event of your death, who would you like to receive your savings in the Credit Union?

Name Telephone No

Address

Postcode

D: YOUR BANK DETAILS

Bank/Building Society

Address

Postcode

Account Holder Name

Sort Code Account Number

E: SAVING AMOUNTS

Please indicate how much you want to save and how frequently:

Regular Payment (A)		(Please tick one box only)		
Junior Saver (B)				
Lottery (C)		☐ Weekly	☐ Fortnightly	
Total (A + B + C)		☐ 4-Weekly	☐ Monthly	

Please indicate which other services you would like information on:

Lottery	☐	Current Account	☐	Mortgages	☐
Junior Savers	☐	Platinum Savings Account	☐	Loans	☐
Insurance Products	☐	Premier Savings Account	☐		

If you were recommended by an existing member then please state their details below:

NAME: POSTCODE:

I hereby apply for membership of Capital Credit Union Ltd and agree to abide by their rules. I declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

I also agree to Capital Credit Union carrying out any enquiries to confirm my details including an on-line identification search.

Date Protection Statement in accordance with the principal of the Data Protection Act 1998, we will use your personal details for the purposes of managing your accounts with the Credit Union. Your personal details will be treated confidentially and only will be shared with other agencies for the purpose of credit referencing and debt recovery for which purpose we hold a category F Consumer Credit Licence. You have the right to access any of your personal information held on CapitalCredit Union's files. There is a fee of £10 for this service.

Applicant's Signature: **Date:**

Application Identification Requirement

Under legal requirements by the Financial Service Authority (FSA), we are required to verify the identity of **ALL** new members. As a result, **TWO** forms of identification are required. One of these must show your home address, for example:

- Driving Licence
- Passport
- Bank Statement
- Credit Card Statement
- Utility Bill
- Benefit/Allowance Book
- Addressed Social Security Correspondence

All originals provided will be returned to the applicant and individuals are welcome to visit any of our offices to present the identification in person.

Please note we are unable to accept responsibility for any items lost in the post.

Please phone your local branch if you require further classification.

Alternatively email us on: enquiries@captialcreditunion.com

Payroll Deduction Request

To be completed only if you work for one of our sponsoring employers. (Please contact us if you are unsure whether your employer allows you to save directly from your salary).

Amount of Payroll Deduction to Savings Account

To the payroll department

Employer's Name

Please commerce deductions of £

Total deduction in words

(Please tick one box only) ☐ weekly ☐ fortnightly ☐ 4-weekly ☐ monthly

from my salary in favour of **CAPITAL CREDIT UNION LIMITED.**
Deductions are to commerce from the first available pay date and shall remain in effect until such time as I give notice to the credit union, in writing, of any changes.

Your Name

Full Payroll Number

Section No/Division (if appropriate)

Place of Employment

I nominate the following account to be held on file. I understand that this is the account that my savings will be transferred to when I request.

Bank or Building Society Branch Sort Code

Bank or Building Society Account Number

Roll Number (if required by Building Society)

Bank or Building Society

Name(s) of account holder(s)

Bank or Building Society Address

Postcode

I agree to the release of all relevant information by my employer to the Credit Capital Union. I understand that Capital will NOT seek any additional information. I understand that I have the right to access all personal information about myself for an administration fee of £10.

Signed Date

☐ Tick box if required proof of identification is enclosed

Direct Debit Order

Instruction to your Bank or Building Society to pay by Direct Debit.

Originators Identification Number | 9 | 7 | 2 | 1 | 2 | 5 |

To the Manager

Bank or building society

Address

Postcode

Please pay Capital Credit Union Limited direct debits from the account detailed in this instruction subject to safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Capital Credit Union Limited. And if so, details may be passed electronically to my Bank/Building society.

Amount of Direct Debit Payment
This amount may change without prior notice. £

(Please tick one box only) ☐ weekly ☐ fortnightly ☐ 4-weekly ☐ monthly

Please nominate an account that we can transfer your money to when you need it. Transfers will normally take 2-3 working days.

Bank or Building Society Branch Sort Code

Bank or Building Society Account Number

Roll Number (if required by Building Society)

Name(s) of account holder(s)

Your Name

Address

Postcode

Signed Date

☐ Tick box if required proof of identification is enclosed

TO BE LEFT BLANK, FOR OFFICE USE ONLY
CCU Membership No (if required)

This Guarantee should be detached and retained by the Payer

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Capital Credit Union Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Capital Credit Union Limited or by your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also notify Capital Credit Union Limited.

Capital Credit Union Ltd
Credit Union House
62 Hamilton Place, Edinburgh, EH3 5AZ
Tel: 0131 225 9901 Fax: 0131 225 9909
email: enquiries@capitalcreditunion.com

Capital
CREDIT UNION

Capital Credit Union Ltd
Units 18-19, Waverly Street Ind Est
Bathgate, West Lothian EH48 4HY
Tel: 01506 776226 Fax: 01506 776212
email: bathgate@capitalcreditunion.com