**\ Blackburn, Seafield & District Credit Union**

**MEMBERSHIP APPLICATION FORM**

|  |
| --- |
| Membership Number Date |

Mr/Mrs/Miss/Ms Surname..............................................................................................

Forenames....................................................................................................................

Home Address...............................................................................................................

...................................................Postcode....................................................................

Home Telephone No.....................................................................................................

Mobile Telephone No....................................................................................................

E-mail Address..............................................................................................................

Date of Birth...................................................................................................................

National Insurance Number...........................................................................................

|  |
| --- |
| **Employment Details** |

(Please Tick) Employed…. Self Employed…. Retired…. Unemployed…. Student….

Occupation...................................... Employer............................................................

Address..........................................................................................................................

....................................................Postcode....................................................................

|  |
| --- |
| Bank Details (Payments are made into members bank account) |

|  |  |
| --- | --- |
| Sort Code |  |
| Account Number |  |
| Bank Name |  |
| Bank Address |  |

|  |
| --- |
| **Beneficiary Details**I, being a member of Blackburn, Seafield & District Credit Union Ltd, nominate the below named as my beneficiary, to receive any money due under the life insurance terms and savings plan of the credit union, providing I have fulfilled any outstanding loan agreement. |

Name of beneficiary.......................................................................................................

Address of beneficiary...................................................................................................

.................................................PostCode......................................................................

Relationship to member.................................................................................................

**Applicant’s Signature**.................................................................. **Date**......................

Where did you hear about Blackburn, Seafield & District Credit Union?

Press \_ TV/Radio \_ Leaflet \_ Friend \_ School \_ Window Display \_

Other \_ (please give details)…....................................................................................................................

**Identification**

Under Blackburn, Seafield & District Credit Union policy and to comply with current legislation, we require two forms of ID, as follows: 1. Photo ID such as passport, photo card driving license or national identity card (non-UK nationals

 2. Proof of Address such as recent utility bill or bank statement. These must be the original documents.

General Data Protection Regulation (GDPR) allows Blackburn, Seafield & District Credit Union (BS&D) to collect certain personal information in order to fulfil our ability to provide a service or product to you. We have a duty to look after your personal information and our Privacy Policy, a copy of which can be requested at any time provides more detail about how we treat your personal information and our responsibilities as well as your rights regarding the information we keep.

Please tick the boxes below to confirm;

 you are aware our Privacy Policy details how we collect and treat your personal information, your rights regarding personal information and that you can request a copy of it at any time.

 you are happy for us to use your details to contact you with information about new or amended products and other marketing information from time to time. Please note you can request to change this at any time.

 you are happy for our third party software provider to automatically contact you by text and or e-mail if you are in arears with any loan payments.

Signature………………. Date:……………..

Office use only:

Account Number .................

This application is accepted by the Committee Chairperson’s Signature

............................................

Date.....................................

Photo ID Details ..................

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Proof of Address ID Details.

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