



Registered Office: 8 Bank Street, Alloa, FK10 1HP  
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PRA/FCA Registration: 213887

### Application for Adult Membership

#### APPLICANT DETAILS

New Account Number	
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Title: \_\_\_\_\_ Name: \_\_\_\_\_  
(Mr/Ms/Mrs/Miss)

Address: \_\_\_\_\_

Postcode: | | | | | | | |

Date of Birth: / /

National Ins. No. : \_\_\_\_\_

Home Phone:.....

Mobile Phone:.....

**\*By completing the details of your email address below, you are consenting to receive communications from Clackmannanshire Credit Union by email.**

email address:
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#### EVIDENCE OF IDENTITY & ADDRESS

Clackmannanshire Credit Union (CCU) operates in Clackmannanshire, the City of Stirling and Kincardine (on Forth). CCU is legally obliged to check the identity and address of every applicant.

#### ID documents required:-

If you **LIVE** in the above area – 2 items of ID are required

If you do not live in the area but you **WORK** in the area – 3 items of ID are required

If you **LIVE** in the above area - you must supply **two** forms of identification and joint applicants must produce two documents\* for each applicant. One piece of evidence is needed to prove identity e.g passport, photo driving licence, signed bank/credit card, etc.  
A separate document\* is needed to verify the address of each applicant and this document must be dated within three months of the date of application e.g. Utility bill, phone bill (but not a mobile-phone bill), Council tax letter, etc.

If you **WORK** but do not live in the area defined above - you must produce an additional item of ID to prove that you are employed within our area e.g. a pay slip.

N.B. \*Photocopies of documents are **NOT** acceptable but we are able to accept documents that we can download.

**Applicants must sign this document on page 2**

## Declaration

**Clackmannanshire Credit Union is an organisation which promotes savings as an essential part of the management of personal finances.**

I understand that by applying for membership of Clackmannanshire Credit Union, I am **committing myself to saving regularly with the Credit Union**. I acknowledge that there is a £2 joining fee and that a minimum of £5 must be held in my Share account for that account to remain open. I understand that if there are no transactions on the account for a period of 1 year or more, my account may be declared Dormant and could incur an administration charge of £5 per annum. (If your account becomes Dormant you will receive three months notice before a dormancy fee is applied.)

### BENEFICIARY DETAILS

Title: \_\_\_\_\_ Name: \_\_\_\_\_  
(Mr/Ms/Mrs/Miss)

Address: \_\_\_\_\_

Postcode:   |   |   |   |   |   |   |

Home Phone No.: ..... Mobile No.: .....

e-mail address: \_\_\_\_\_

### Declaration of Beneficiary by Member :

I do hereby designate, in the event of my death, the above named \_\_\_\_\_ to receive any and all sums of money held in my share account(s). I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent form shall constitute a change of beneficiary. **I also accept the conditions above relating to dormant accounts.**

**Signature of Applicant:**

### Witness Details

( THE WITNESS MUST BE A CREDIT UNION OFFICER)

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

**Date of Application :        /        /**

### Office use only

	<i>Completed</i>	<i>Initials of Officer</i>
<i>ID attached</i>		
<i>Personal details</i>		
<i>Beneficiary details</i>		