



Registered Office: 8 Bank Street, Alloa, FK10 1HP  
 Tel: 01259 214200  
 e-mail: [clackscu@btconnect.com](mailto:clackscu@btconnect.com)  
 PRA/FCA Registration: 213887

New Account Number	
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**Application for Joint Adult Membership**

APPLICANT 1		APPLICANT 2	
Title (Mr/Ms/Mrs/Miss)		Title (Mr/Ms/Mrs/Miss)	
Name		Name	
Address		Address	
Postcode		Postcode	
Date of Birth		Date of Birth	
N.I Number		N.I Number	
Phone: Mobile		Phone: Mobile	
Phone: Home		Phone: Home	
Email address*	@	Email address*	@

**\*By completing the details of your email addresses above, each of you is consenting to receive communications from Clackmannanshire Credit Union by email.**

**EVIDENCE OF IDENTITY & ADDRESS** (This is required of EACH applicant)

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.

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

We understand that by applying for membership of Clackmannanshire Credit Union, we are **committing ourselves to saving regularly with the Credit Union**. We acknowledge that there is a £2 joining fee and that a minimum of £5 must be held in our Share account for that account to remain open. We understand that if there are no transactions on the account for a period of 1 year or more, our 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** (This should **NOT** be one of the applicants)

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

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

Postcode: |\_|\_|\_|\_|\_|\_|\_|\_|

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

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

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

<b>Signature(s) of Applicant(s)</b>
Applicant 1. _____
Applicant 2. _____

<b><u>Witness Details</u></b>	( 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>		