

Change of details for Community Membership

Freepost RSRT-HAXK-RUYT

Gateway Credit Union Ltd. • 21 Commercial Street • Pontypool • Torfaen • NP4 6JQ

Tel 01495 742500 • info@gatewaycu.co.uk • www.gatewaycu.co.uk

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Please complete the following in **BLOCK CAPITALS**

Membership No: _____

Name of organisation

Please change the name to: (you will need to provide proof of the new name)

Please change the key contact details to:

Title: _____	Surname: _____	Forename(s): _____
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Correspondance Address: _____

_____ Postcode: _____

Tel: _____ E-mail: _____

Please change the Registered Address to:

_____ Postcode: _____

New signatory list: (Please add or remove signatories on pages 3 or 4)

Name 1: _____ Signature: _____ new / old

Name 2: _____ Signature: _____ new / old

Name 3: _____ Signature: _____ new / old

Name 4: _____ Signature: _____ new / old

NB. All organisations must also supply identification documents for each of the new individual signatories

How many of the above signatures are required to make a withdrawal? _____

We wish to change the name of the person acting as the authority on behalf of our organisation *

Title:	Surname:	Forename(s):
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Position in organisation:	Time with organisation:
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Address: _____

Postcode: _____

Daytime Tel: _____ Mobile: _____

E Mail: _____ How long at current address: _____

National Insurance No: _____ Date of birth: / /

Are you a member of this Credit Union as an individual? If yes, what is your membership number? _____

* If you are an incorporated body this person will be known as the *Corporate Representative*. If you are an unincorporated association or unincorporated partnership this person will be known as the *Designated Representative*.

**Usual
Signature**

Please add this authorised signatory (not applicable to a sole trader)

Title: _____ Surname: _____ Forename(s): _____

Position in organisation: _____

Time with organisation: _____

Address: _____
_____ Postcode: _____

Daytime Tel: _____ Mobile: _____

E Mail: _____ How long at current address: _____

National Insurance No: _____ Date of birth: / /

Are you a member of this Credit Union as an individual? If yes, what is your membership number? _____

**Usual
Signature**

Please add this authorised signatory (not applicable to a sole trader)

Title: _____ Surname: _____ Forename(s): _____

Position in organisation: _____

Time with organisation: _____

Address: _____
_____ Postcode: _____

Daytime Tel: _____ Mobile: _____

E Mail: _____ How long at current address: _____

National Insurance No: _____ Date of birth: / /

Are you a member of this Credit Union as an individual? If yes, what is your membership number? _____

**Usual
Signature**

Please REMOVE this authorised signatory (not applicable to a sole trader)

Title:	Surname:	Forename(s):
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Position in organisation:

Time with organisation:

Address: _____

_____ Postcode: _____

Daytime Tel: _____ Mobile: _____

**Usual
Signature**

Please REMOVE this authorised signatory (not applicable to a sole trader)

Title:	Surname:	Forename(s):
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Position in organisation:

Time with organisation:

Address: _____

_____ Postcode: _____

Daytime Tel: _____ Mobile: _____

**Usual
Signature**

Section C: Resolution (we need you to confirm that you have changed details according to your rules)

To: Gateway Credit Union Limited

We confirm that at a properly convened meeting it was resolved that:

- 1. We wish to continue our account with Gateway Credit Union Ltd and in doing so agree to abide by the social objects, rules, policies and procedures of the credit union.
- 2. We have agreed to the changes of our details listed on this form and confirm that the individual/s representing our organisation have completed all required personal details and provided identification documents according to the requirements of Gateway Credit Union.
- 3. Gateway Credit Union can rely on the appointed representatives until it receives written confirmation of changes to representatives.

Declaration (two signatures required)

We hereby certify that the above Resolution is a true copy of the resolution passed at the meeting held on:

On behalf of the Governing body: **Date:** / /

Title:	Surname:	Forename(s):
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Position in organisation:	Time with organisation:
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**Usual
Signature**

On behalf of the Governing body:

Title:	Surname:	Forename(s):
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Position in organisation:	Time with organisation:
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**Usual
Signature**

Have you included the following supporting ID documentation?

This form, signed in accordance with your rules

ID documentaion for signatories NOT already a member of Gateway CU

Credit Union use only. Notes to change of details:

For office use:

Change of details received by: _____ date: / /

Change of details approved by: _____

Processed by: _____