

Application for Membership

Gateway Credit Union Ltd. • 21 Commercial Street • Pontypool • Torfaen • NP4 6JQ
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May 2018



Please complete the following in **BLOCK CAPITALS**

Membership No: _____

Title: _____

Surname: _____

Forename(s): _____

Address: _____

Postcode: _____

Email: _____

Landline: _____

Mobile: _____

NI No: _____

Date of Birth: ____ / ____ / ____

Employers Details _____

About You

Is your preferred language: English: Welsh: Other: _____

Are you

Tenant Housing Association _____ Private _____

Home owner with mortgage Living with parents / friends Home owner without mortgage

Do you have any specific needs that you would like us to be aware of when serving you? _____

Where did you hear about us? _____

Verifying your identity

Please supply two forms of ID and proof of address. We prefer photo ID such as Driving Licence or Passport and utility bills but may be able to accept alternatives. We may also carry out an electronic ID check and other checks as required to prevent fraud and financial crime.

Please complete and sign overleaf

Register a bank account for withdrawals

Most members now register their bank details with us to enable withdrawals to their nominated account to be authorised by phone. If you would like to register your account please complete below.

Bank Name: _____ Account Name: _____

Sort Code - -

A/C No.

Contact preferences

We are required to send you an annual statement of your accounts with us and notification of the AGM. We will also contact you with any changes to services or terms and conditions of membership that may affect you. Please choose email or post

We would like to send you regular email newsletters. Please tick if this is ok

We would like to be able to contact you occasionally if we think a service we offer may interest you. Please tick your preference. Email Post Phone Text No thanks

Beneficiary in event of my death

I hereby nominate: _____

Relationship: _____ Address of Beneficiary: _____

Contact Landline: _____ Contact Mobile No: _____

as the person to whom there shall be transferred at my death such property in Gateway Credit Union as may be mine at the time of my death, whether in shares or otherwise, up to a maximum of £5,000.

Declaration

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

Signed:

Date / /

Signature of Credit Union rep:

Date / /

Your Membership pack contains information on your Life Insurance Cover, your protection by the Financial Services Compensation Scheme and our Privacy Statement. Please keep it safe.