

Special Events Account

Gateway Credit Union Ltd. • 21 Commercial Street • Pontypool • Torfaen • NP4 6JQ
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Please complete the following in **BLOCK CAPITALS**

Membership No: _____

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

Address: _____
_____ Postcode: _____

Tel: _____ E-mail: _____

Purpose of Account: _____

Lock-in required: (Please tick)

Yes No Release date: _____

Note: By lockin the account the member agrees to not access the fund until the required release date, stated above. Please note that 30 days notice is required for early release of funds.

Additional Beneficiary:

Note: Please note that additional beneficiary is for this Special Events account only.

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

Address: _____
_____ Postcode: _____

Relationship to member: _____

Note: Alterations to this section require a witness to your signature

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

Witness Address: _____
_____ Postcode: _____

Witness Signature: _____ Date: _____

Note: To confirm the set up of this account, please sign below.

Your signature

Date