



Abbey Credit Union Ltd

APPLICATION FOR MEMBERSHIP

Abbey Credit Union Limited

Name	
Address	
Postcode	
Date of Birth	
NI Number	
Landline contact number	
Mobile contact number	
Email address	

If less than 5 years at previous address then please advise of the last address you lived in:

Address	
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I hereby apply for membership and agree to abide by the rules of the above-named credit union, and declare that I am not or have not been a member of any credit union other than those below:

	Credit Union Limited
	Credit Union Limited

IN THE EVENT APPLICATION FOR MEMBERSHIP IN RESPECT OF A PERSON WHO IS UNABLE TO GIVE RECEIPTS:

I/We hereby apply for membership in the name of the said and I/We acknowledge that all shares/deposits arising from this membership now and hereafter shall be his/her sole property and all withdrawals shall be applied to his/her sole benefit.

Signed: Parent / Guardian / Other

Date:/...../.....

Declaration, Data Protection and GDPR: I declare that the information I have given on this form is true to the best of my knowledge. I have read the Terms and Conditions of the account and I accept them. I authorise Abbey Credit Union:

- To open the account in my name
- To process the information, I have provided you with
- To honour my signature as shown below for all purposes
- I consent to ACU permission to process my personal information and where necessary to share this with CRA's where necessary. The data would not be held for longer than necessary and would be securely destroyed when the data is no longer required. Accounts closed for death/delinquency may be held longer to allow for reporting / audit purposes.

Credit Reference & Fraud Prevention Agencies: We may make searches about you at credit reference agencies who will supply us with credit information as well as information from the Electoral Register. The agencies will record details of any search whether or not this application proceeds. We may use credit scoring methods to assist this application and to verify your identity. Credit searches and other information which is provided to us and/or the credit reference agencies about you and anyone with whom you are linked financially may be used by us if credit decisions are made about you or anyone with whom you are linked financially or other members of your household. This information may also be used for debt tracing and the prevention of money laundering as well as the management of your account. In addition, we may ask you to provide physical forms of identification and/or we may telephone you to confirm your identity.

To prevent or detect fraud or to assist in verifying your identity we may make searches of group records and at fraud prevention agencies who will supply us with information. We may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud we will record this. This information may also be used for tracing and claims assessments and verifying identity. Information held about you by the credit reference agencies may already be linked to records relating to anyone with whom you have a financial relationship such as a joint account.

Death Benefit Insurance: I acknowledge that this insurance is only payable after 12 months membership

To the best of my knowledge and belief I AM I AM NOT in good health and I AM FIT NOT FIT to follow my normal occupation

Applicants Signature	
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APPLICATION FOR MEMBERSHIP (cont.)

Abbey Credit Union Limited

THIS SECTION TO BE COMPLETED BY THE CREDIT UNION

Membership Number	
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Evidence of Identification (Copies must be attached)

(Complete one or more of the following :)

Personally Known to (Insert name of officer):	
Current Valid Passport / Driving Licence	
Current Valid ID Card (with Photo) E.g. From known employer / school / college etc	
Other (Please Specify)	

Evidence of Address Verification (Copies must be attached)

(Complete one or more of the following :)

Original Recent Household Bill	
Electoral Register	
Telephone / Street Directory	
Original Bank or Building Society Statement	
Other (Please Specify)	

Application approved and details verified in accordance with the standard Rules by:

Signed:
(Membership Committee)

.....
(Membership Committee)

Date:/...../.....
Day Month Year