



## NEWCU APPLICATION FORM

Membership No. ....

*New Members please fill in sections 1-3 and sign each section as indicated. Your membership is provisional until approved by the Board of Directors. If the Board should refuse your application, you will be notified and any money deposited will be returned.*

**\*\*\*PLEASE MAKE SURE YOU FILL IN BOTH SIDES OF THE FORM AS APPROPRIATE AND SIGN ALL RELEVANT PLACES\*\*\***

### Section 1 Member Personal Details

Title ..... Surname ..... Date of Birth ...../...../.....  
First Name ..... Middle Name .....  
Address .....  
Area ..... NI Number .....  
Town .....  
County ..... Tel Number .....  
Post Code ..... Email .....  
Applicant Signature ..... Date ...../...../.....  
Proposed by ..... Seconded by.....

### Section 2 Beneficiaries Details

**Note: if you wish to divide your shares equally between more than one person, please fill in a separate form for each.**

*I, being a member of the North East Warrington Credit Union Ltd., nominate the following person as my beneficiary to receive any money due to me under the Life Insurance terms (if applicable) providing that I have fulfilled any outstanding loan to my agreement. I reserve the right to change the beneficiary named here.*

#### Beneficiary Contact Details

Title ..... Surname .....  
First Name ..... Middle Name .....  
Address .....  
Area .....  
Town .....  
County ..... Post Code ..... Tel No .....  
Mobile ..... Email .....  
Applicant Signature ..... Applicant (print name) .....  
Witness Signature ..... Witness (print name) .....

Have you nominated more than one Beneficiary? Yes  No  If yes, please fill in a separate form for each person

**\*\*\*NOW CONTINUE ON THE OTHER SIDE OF THIS FORM\*\*\***

Common Bond area incorporates the whole of the Borough of Warrington

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority 213530



## NEWCU Application Form (continued)

### Section 3 Employment Details

Are you employed? Yes  No

If yes, what is your job title? .....

Employer Name .....

Employer Address ..... Tel No .....

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### Section 4 To be completed by the collector or person receiving the application

Account opened at ..... Opening amount £.....

Collection Point where member will collect their book .....

**All applications for full membership require proof of identity and proof of address**

**Proof of identity (tick one seen); MUST BE COPIED & NUMBERS WRITTEN DOWN**

Passport  Driving License  Letter from Doctor, Solicitor, Minister, Teacher

Other – please give details .....

**Proof of Address (tick one seen) Bills and Statements must be less than 3 months old: MUST BE COPIED**

Rent Book  Utility Bill  Bank / Building Society Statement  Driving license (if not used for above)  Council Tax Bill

Other – please give details .....

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### To be completed by Head Office

Application Approved? Yes  No  Membership No ..... Date ...../...../.....

Signed by Chairperson on behalf of the Board of Directors .....

PASSBOOK ISSUED

Date Passbook issued ...../...../.....

Issued by (signature) ..... (print name) .....

PASSBOOK CLOSED

Date Account closed ...../...../.....

Closed by (signature) ..... (print name) .....