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CREDIT UNION MEMBERSHIP APPLICATION

For MembersNot for Profits!

PLEASE CONTINUE OVERLEAF

Membership Number
ADULT/CHILD

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS

Title: Mr / Master / Ms / Miss / Mrs	First Name(s) :		
Surname :			
Address:			
		Post Code :	
Date of Birth: / / /	NI No	_/	
Telephone No	Mobile No.		
Email Address:			
How long have you lived at this address? please provide Previous Address(s) Last 3 ye		•	
Number of Dependants: Adults	Children	Childrens Ages:	
Current / Previous Credit Union Membershi	p(s)		
Proposed By	Mem	Membership No	
Seconded By	Membership No		
ID Shown (Photocopies must be taken)			
[denity Address			
Verified By			
Next of Kin (To whom all shares will be pai	id in case of death)		
Name:	Rela	tionship:	
Address (If Different From Above)	ent From Above) Existing Member No.?		
	Da	te of Birth:	
Post Code:	To	Telephone No:	





PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS
<u>Work Details</u>
Job Title:
Company Tel No
Address:
Post Code :
Nature of Business:
Start Date: Terms of Employment
(Full/Part Time, Seasonal, Temp, Etc.)
Net Income Amount £ Payment Frequency: Weekly, Fortnightly, 4 Weekly, Monthly
Bank Details
Branch Sort Code:
Bank Name:
Branch:
Address:
Post Code:
Account No:
Account Name:
I hereby apply for membership of and agree to abide by the rules of Greater Govan Credit Union Ltd
and 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 retained a copy of The Financial Services Compensation Scheme Information Sheet
Signature: Date:
Print Name:
Witness Signature Date:

Greater Govan Credit Union Limited

Govan Cross 15 Burleigh Street Glasgow, G51 3LA Tel: 440 2770 Fax: 440 1405 Ruchazie 427 Gartloch Road Glasgow, G33 3TH Tel/Fax: 774 4123 Shawlands Cross 1113 Pollokshaws Road Glasgow, G41 3YH Tel: 636 8670 Fax: 636 9140

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