

PERSONAL DETAILS

Last Name	Title Mr / Mrs / Ms / Miss Other :	
First Name	Date of Birth	
NI Number	Employer	
Home Address	Work Address	
Post Code		Post Code
Home Email	Work Email	
Home Telephone	Work Telephone	
Personal Mobile	Work Mobile	

NOMINATED BENEFICIARY

This is the person you choose to inherit your savings and life savings cover in the event of your death.

Last Name	Title Mr / Mrs / Ms / Miss Other :	
First Name	Telephone	
Address	Post Code	
Relationship of the Beneficiary to you		

MEMBER DECLARATION

I would like to save £ Weekly Fortnightly Monthly

I would like to pay into my account by Standing Order Over the Counter

I agree to abide by the rules of the Credit Union. I also agree to pay a £2 non-refundable joining fee, and I agree to keep a minimum of £5 in my account.

I accept the use of Credit Reference Agencies and Fraud Protection Agencies and declare that the information given by me on this form is true and correct to the best of my belief.

Signature

Date

PROOF OF IDENTITY

Before we can open an account for you we need to see two original documents. One is used to prove your identity, and the other to prove your address. If you do not have any of these documents please let us know.

To prove your IDENTITY, one of these:

- Valid UK Passport
- Valid EU Passport
(plus evidence of pre-settled/settled status)
- International Passport
(plus valid UK Visa or Residence Permit)
- Full UK Driving Licence
- Original Letter from Benefits Agency
(DWP, JobCentre Plus, Child Benefit)
- National Insurance Card

To prove your ADDRESS, one of these:

- Recent Gas, Electricity or Water Bill
(less than 3 months old)
- Council Rent Card or Tenancy Agreement
- Council Tax Bill
- Original Letter from a UK Solicitor
- Original Letter from a Benefits Agency
(DWP, JobCentre Plus, Child Benefit)
- Recent Bank, Building Society or Credit Card Statement
(less than 3 months old)

MEMBER PROFILE

Information is confidential and used to help us understand our members and serve our community.

Which term best describes you / your home?

<input type="checkbox"/> Home Owner	<input type="checkbox"/> Private Tenant	<input type="checkbox"/> Council Tenant	<input type="checkbox"/> Housing Association Tenant
<input type="checkbox"/> Living with Family or Friends		<input type="checkbox"/> Other (please specify) :	

How do you describe your ethnic origin?

<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Asian Pakistani	<input type="checkbox"/> Mixed White & Black Caribbean
<input type="checkbox"/> White British	<input type="checkbox"/> Black African	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Mixed White & Black African
<input type="checkbox"/> White Irish	<input type="checkbox"/> Black Other	<input type="checkbox"/> Asian Bangladeshi	<input type="checkbox"/> Mixed White & Asian
<input type="checkbox"/> White Other	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Other	<input type="checkbox"/> Mixed Other

How did you hear about Norfolk First Credit Union?

<input type="checkbox"/> Employer	<input type="checkbox"/> Friend / Family	<input type="checkbox"/> Local Publication	<input type="checkbox"/> Credit Union Volunteer
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Leaflet / Flyer	<input type="checkbox"/> Other? (Please Specify) :	

Would you be interested in either of the following?

<input type="checkbox"/> Volunteering with the Credit Union	<input type="checkbox"/> Purchasing White Goods through the Credit Union
---	--

We may use credit reference and fraud protection agencies to help us make decisions. This does not affect your credit rating and is used solely for verification purposes. More information is detailed in 'A guide to the use of your personal information by ourselves and at Credit Reference and Fraud Prevention Agencies', a copy of which can be provided by calling 01603 501301.

We may pass on your details to third parties for the sole purpose of providing services on behalf of Norfolk First Credit Union Limited. If you do not wish to have your details passed on this way please tick this box.

Please confirm you have read the FSCS leaflet and exclusions list and you understand how your deposits are protected.

OFFICE USE ONLY

Membership No.

Approved by (Name)

Approved by (Signature)

Date