New Member Application

Head Office: Bridgend LifeSavers Credit Union, Merfield Close, Sarn, Bridgend, CF32 9SW Tel: 01656 729912
Email: info@blscu.co.uk Website: www.blscu.co.uk
Town Centre Branch: Bridgend Lifesavers Credit Union, 1 Station Hill, Bridgend, CF31 1EA Tel: 01656 667089

All information volunteered and noted in this document will be treated as strictly confidential by Bridgend LifeSavers Credit Union Ltd. It will only be dealt with by officers who have signed a declaration of confidentiality.

Privacy Policy
In accordance with the General Data Protection Regulation (GDPR), we will use your personal details for the purpose of managing your account with the Credit Union. For more information on how we treat your personal data, please refer to our privacy policy which is available under 'About Us' on our website www.blscu.co.uk or email info@blscu.co.uk to request a copy.

Mem No:

Title:	**Surname:**	**Forenames(s):**

Middle Name(s):	**Date of Birth: / /**

NI NO:	**Email:**

Home Tel No:	**Mobile No:**

Address:_____

_____ **Post Code:**_____

No. of children under 16_____ Over 16 and dependent_____ Other dependents_____

Is your home/owned/private rented/housing association / living with family/friends/other (please circle)

If other please specify**:** _____

Employment Details

Please circle to show your present status: Employed/Unemployed/ Self Employed/Retired/Homemaker/Student

If employed, please state your occupation**:**_____

Name of employer**:**_____

Employers address**:**_____

Work's Tel No**:**_____

Can we contact you on this number? Yes/No (Please circle)
With the application, you will need to **provide at least two forms of** the following identification. **We require one from Table A and 1 from Table B or two from Table A**

Section A	Section B
Valid Passport	Utility Bill (Not Mobile Statement)
Current Driving Licence	Benefits Letter and Housing Association Letter
Birth Certificate	T.V. Licence
Benefit letter	NHS Doctors Letter

If you do not have any of these documents, please let us know. There are many more documents that can be used. We would like to help you open a Credit Union account.

Beneficiary Form

In the event of my death, I nominate the person named below as my beneficiary to receive all my shares and any sums payable under the life insurance scheme of the Credit Union.

I (your name):_____ Of (address):_____

_____

A member of Bridgend Lifesavers Credit Union Ltd, hereby nominate (person to whom you wish to leave your money)

Name:_____Of(address):_____

_____ Relationship to the member:_____

Beneficiary Contact No:_____

As the person to whom there shall be transferred, at my decease, such property in the Credit Union, as may be mine at the time of my decease, whether in shares or otherwise.

Your Signature:_____ Credit Union Officer:_____

Date:_____ Date:_____

Data Protection Statement: In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purpose of managing your accounts with the credit union. Your personal details will be treated confidentially and will only be shared with other agencies for the purpose of credit referencing and debt recovery. You also have a right of access to the personal information we hold on you.

Declaration

By signing below, I acknowledge that I have received the Financial Services Compensation Scheme Information Sheet which I have read and understood in full.
I hereby apply for membership and agree to abide by the rules of Bridgend LifeSavers Credit Union Ltd. I declare that the above information given by me on this form is true and correct to the best of my knowledge. The minimum deposit required to open an account is £2. £1 is for the membership fee and £1 will be deposited to your savings account.

Signature:_____ Date:_____

Print Name:_____ Credit Union Officer:_____

Bridgend Lifesavers Credit Union Ltd. is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, registration number 213681