



Membership Application Form

Please complete the following application to become a member of Just Credit Union. This information is required for us to open a savings account in your name. Any information you provide is treated confidentially.

Identification requirements: On completion of your application, as required by the Financial Conduct Authority, we will need you to provide one item as proof of identification (i.e. your name) and one separate item as proof of your current address. Examples include passport, driving licence, tenancy agreement, benefit entitlement letter, recent utility bill etc.)

Mr/Mrs/Miss (Other)	Surname
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First & Middle Name(s)

Home Address & Postcode

Home Tel. No.

Mobile No.

Email address

Nat. Ins. No.	Date of birth
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Employer's Name, Address & Postcode

Work Tel. No.

Do you have any other Credit Union membership? Yes* No

*If Yes, please specify which _____

Are you a Housing Association Tenant? Yes* No

*If Yes, please specify which _____

How did you hear about Just Credit Union?

Just website <input type="checkbox"/>	Just email <input type="checkbox"/>	Leaflet, poster or billboard <input type="checkbox"/>
My Employer <input type="checkbox"/>	My Landlord <input type="checkbox"/>	Friends and family <input type="checkbox"/>
Social Media <input type="checkbox"/>	Other* <input type="checkbox"/>	_____

How would you like to pay into your Credit Union Account?

Standing Order from your bank <input type="checkbox"/>	Payroll Deduction* <input type="checkbox"/>
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*Please check that your employer offers payroll deduction before completing this form.

Benefit Payments <input type="checkbox"/>
Deposit savings at a local collection point <input type="checkbox"/>

Your Beneficiary for Insurance

We provide FREE life insurance on your savings and loans up to £5,000 up to the age of 65 years which is the reason for asking for this information. In the event of your death you nominate the following as the person(s) to whom there shall be transferred such property in Just Credit Union as may be yours at the time of your death, whether in shares or otherwise. (The witness cannot also be the nominee).

Nominee's Full Name & Title

Home Address & Postcode (if different to yours)

Contact Telephone Number

Relationship to you

Your signature: _____

Print Name: _____ **Date:** _____

Witness' signature: _____

Print Name: _____ **Date:** _____

I have read a copy of the FSCS eligible deposit coverage information.

I agree

(You'll find a copy of the FSCS Disclosure Statement in our "Useful documents" section).

I hereby apply for membership and agree to abide by the rules of Just Credit Union and declare that the information given by me on this form is true and correct to the best of my knowledge and belief. I understand that a non-returnable one-off membership fee of £4.00 will be deducted from my first payment into Just Credit Union to cover administration costs etc.

Your signature: _____

Print Name: _____ **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 details will be treated confidentially. If you have requested a Payment Card your details will be shared with Allpay for the purpose of producing your card.

Please ensure that you have:-

- Completed and signed the application form and had it witnessed
- Identified a payment method and completed the standing order or payroll deduction form as required.

For Money Laundering purposes, as required by the Financial Conduct Authority, please provide:-

- Proof of identification (your name) - e.g. passport or driving licence
- Proof of your current address - e.g. a recent utility bill.

These will be returned to you.

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

Membership No.

(To be issued and completed by Just Credit Union)

For office use only:

Actioned by:

Date:

Just Credit Union Ltd

1A Castle Gates Shrewsbury SY1 2AQ

01743 252325 info@justcreditunion.org

www.justcreditunion.org



Part of the
Credit Union
Community

Standing Order form

Set up a regular payment going into your Just Credit Union account directly from your bank account.

To the Manager of _____ Bank

Address

Your Name

Bank Account No.
(8 digits)

Sort code
(6 digits)

Please pay The Co-operative Bank

Sort code: 08-92-50 Account No: 50004674

For the credit of Just Credit Union Ltd

The sum of £ _____

Amount in words _____

Starting date _____ and every _____ following

Quoting reference _____
(for office use only)

Your signature:

Date:

Membership No.

(To be issued and completed by Just Credit Union)

For office use only:

Actioned by:

Date:

Payroll Deduction form

Please check with us first to see if your employer is offering this scheme.

Please make the following deduction from my pay to Just Credit Union Ltd:

Employee/Pay No.

Your Name

Company Name

Department/Section

£..... per week/month from the first available date

Your signature:

Date:

Membership No.

(To be issued and completed by Just Credit Union)

For office use only:

Actioned by:

Date: