

Please enclose or bring to a member services point –

ALL Applicants

- 2 original forms of identification (not photocopies) – one of which must include your current address

Applicants not resident in BH Postcode area

- pay slip or other document showing your name **and** the name and address of your employer

or

- evidence that you are studying at an educational establishment within the BH Postcode area

or

- a letter or other document stating that you do voluntary work within the BH Postcode area

AND

- Initial deposit and membership fee

- complete the name / address of the Beneficiary for Insurance and signed and dated this section of the form.

Coastal Credit Union Ltd



**MEMBERSHIP APPLICATION FORM
(not Junior Savers)**

LOCAL AND FRIENDLY

Friendly faces from the community
A Credit Union helps its members manage their money

SAVINGS

Members are encouraged to save regularly
Our aim is to pay an annual dividend
Members may enrol their children as Junior Savers

OWNERSHIP

Coastal Credit Union is a financial co-operative owned and democratically controlled by its members and run solely for the benefit of members

LOANS

Low interest loans –

Standard Loan	2%	(APR 26.8%)	-	up to	£1,000.00
Premier Loan	1.5%	(APR 19.6%)	-	£1,001.00 -	£3,000.00
Coastal Gold Loan	1%	(APR 12.7%)	-	£3,001.00 -	£7,500.00

(Subject to Status)

**Coastal Credit Union is authorised and regulated by the Financial Services Authority and is affiliated to the Association of British Credit Unions Ltd.
Firm Reference No: 213791**

'NOT FOR PROFIT, NOT FOR CHARITY, BUT FOR SERVICE'

Name: _____

Membership No: _____

For Office Use Only.

Proof of identity

Passport (Number) _____
Driving Licence (Number) _____
Birth Certificate (Date of registration) _____
Other (give details) _____

AND

Proof of address (less than 3 months old)

Bank Statement (Note date and bank) _____
Utility bill (Note date and utility) _____
Council tax notification (Note date) _____
Rent book (note date and Landlord) _____
Other (give details) _____

Credit Union Officer details confirming proof of Identity and Address

Print Name _____

Signature _____

Proof of Common Bond Membership fee
Initial Share Deposit Entered on CURTAINS
Welcome Pack Sent Date: _____ Initials: _____

MEMBERSHIP APPLICATION FORM

Please complete using BLOCK CAPITALS and enclose proof of identification and address

TITLE: _____ SURNAME: _____

FORENAMES: _____

ADDRESS: _____

POSTCODE: _____ TELEPHONE: _____

NATIONAL INSURANCE NUMBER: _____

DATE OF BIRTH: _____

If you do not live within the BH Postcode area BUT work within the area – please provide proof of employment and give -

EMPLOYER'S NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

I hereby apply for membership of and agree to abide by the Rules of Coastal Credit Union Limited. I declare that the information given by me on this form is true and accurate to the best of my knowledge

Signed: _____ Date: _____

Data Protection Statement. By completing and signing this application form you are accepting that information you have provided will be held both manually and on computer systems. In accordance with the Data Protection Act 1998 your personal details will be treated confidentially and will only be shared with other agencies for the purposes of credit referencing and debt recovery, for which purpose we hold a Category F Consumer Credit Licence.

This information will be used to despatch newsletters and information about products and services offered by Coastal Credit Union that we think may be of interest to you. If you do not wish to receive this information, please place a tick in the box

Please return this form to –
Coastal Credit Union
531 – 533 Christchurch Road, Bournemouth BH1 4AG or
Co-op Store, Ashley Road, Parkstone, Poole
Telephone (01202) 566878

BENEFICIARY FOR INSURANCE

Coastal Credit Union will be providing and paying for Life Savings and Loan Protection Insurance

I, as a prospective member of the Coastal Credit Union Ltd., hereby nominate

NAME OF BENEFICIARY: _____

ADDRESS: _____

POSTCODE: _____ TELEPHONE: _____

RELATIONSHIP TO PROSPECTIVE MEMBER: _____

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, should my application for membership be successful. I agree to advise Coastal Credit Union formally in writing of any change to this information

Signed: _____ Date: _____

Witnessed by: _____ Date: _____

Please note that the witness must not be the person nominated as beneficiary above

You do not have to complete this section of the form – but it would assist us if you would be willing to do so –

How did you hear about Coastal Credit Union ?

Advertising Employer

Word of Mouth Other (Please specify)

Coastal Credit Union is always looking for members to have a direct input into its running and development. If you would like further information on the types of voluntary roles available – please tick box

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