

MEMBERSHIP APPLICATION FORM SINGLE JOINT

MEMBERSHIP NO(S) _____ / _____

BRANCH _____

MEMBERSHIP FEE CHARGED £ _____

First Applicant

Surname (Mr/Mrs/Miss/Ms/ Other).....

All Forenames.....

Home Address

.....

.....

Post Code

Date of Birth National Insurance No.

Tel:(Home)Mobile:

Second Applicant

Surname (Mr/Mrs/Miss/Ms/ Other).....

All Forenames.....

Home Address

.....

.....

Post Code

Date of Birth National Insurance No.

Tel:(Home)Mobile:

I/we live or work in Newcastle/Gateshead/Longbenton, or am related to and reside with an existing member of MoneyWise, I hereby apply for membership and agree to abide by the rules of MoneyWise Credit Union Ltd. I declare that the information given by me on this form is true and correct, to the best of my belief. I understand that a non returnable joining fee of £5/£2* will be deducted to cover administration costs.

I/we give consent for my/our details to be passed to third parties for the sole purpose of providing services on behalf of MoneyWise Credit Union Ltd. (Tick if applicable).

SignatureDate

SignatureDate

Are you aware of any other credit union accounts held at the address given?

Account Name:A/C No.

PROOF OF IDENTITY

Please provide two items to verify your application. One must be from each section.

Item 1

- Current Passport
- Photo Driving Licence
- Blue disabled drivers pass
- Student ID Card with photograph
- Employment ID Card with photograph
- Benefit Book or original letter from Benefits Agency
- EU Member State ID Card
- Residents permit (issued by the Home office to EU nationals)

Reference No.

.....

Item 2

- Council Tax Demand
- Bank Statement
- Building Society Interest Statement
- Recent Utility Account
- Mortgage Statement
- Official letters confirming residency
- Tenancy agreement
- Council rent card

Reference No.

.....

Item 2 must be less than 3 months old

EMPLOYER DETAILS

Name of employer

.....

Address

.....

.....

Tel:

PAYROLL DEDUCTION DETAILS (IF APPLICABLE)

To the payroll dept. I hereby authorise you to deduct

£..... per week/month from my wages/salary in favour of MoneyWise Credit Union Limited. I agree to deductions commencing from the first available pay to date and to remain in effect until such time as I give notice, in writing, of any change.

Name
Employee Reference Number

.....

Department

.....

Based At

.....

I hereby authorise the Credit Union to make enquiries from the Payroll Section with regard to my salary/wages.

Signed

Date

MoneyWise Credit Union
187-189 Shields Road, Byker,
Newcastle upon Tyne. NE6 1DP
Tel: 0191 276 7963

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Address

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Tel:

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187-189 Shields Road, Byker,
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Tel: 0191 276 7963



TERMS AND CONDITIONS OF MEMBERSHIP

- All applicants must live or work in Newcastle/Gateshead or Longbenton
- A one off joining fee is charged on application to cover administration
- Members may leave at any time providing there is no outstanding liability to MoneyWise Credit Union Ltd.
- MoneyWise Credit Union Ltd accepts no liability for money deposited into any members' bank account if sent to the designated bank correctly.
- All members are subject to the rules of the credit union and a copy is available on request. (To cover cost a fee may be charged to supply a copy of the rules).
- MoneyWise Credit Union Ltd has the right to refuse or withdraw membership at any time if deemed necessary. (For example: loan arrears, inactive use of accounts)

MoneyWise Credit Union Ltd is authorised and regulated by the Financial Services Authority. No. 213486

MoneyWise Credit Union Ltd is part of the Financial Services Compensation Scheme

MoneyWise Credit Union Ltd is subject to the terms of the Financial Ombudsman Service

Head Office
187-189 Shields Road, Byker,
Newcastle upon Tyne.
NE6 1DP

Tel: 0191 276 7963

E-mail: admin@moneywise.org.uk
Website: www.moneywise.org.uk

Registered Office – Room 31,
Civic Centre, Barras Bridge,
Newcastle upon Tyne. NE1 8PP

ACCESSING YOUR MONEY

Unless specifically requested all loans and withdrawals are paid directly to members bank accounts. Please provide bank details below. This information will remain on file until you update details.

Name of Bank

Account Name(s)

Account No.

Sort Code

Ref. No. (if nec)

Password
(This password will be retained on file to confirm your identity when ordering money)

Joint A/C holders – Number of signatures required to operate this account. – One Two

Signed 1..... 2

BRANCHES AT

Benwell	Thursday
Byker	Monday - Friday
Blakelaw	Tuesday & Thursday
Civic Centre	Monday - Friday
Fenham	Friday
Montague	Wednesday
Newbiggin Hall	Friday
North Kenton	Wednesday
Pendower	Thursday
QCR (Shieldfield)	Friday
Scotswood	Monday & Friday
Nunsmoor	Saturday
Atkinson Road	Thursday

NOMINATION OF BENEFICIARY

I hereby nominate the person named below as my beneficiary; to receive such money in the Credit Union as may be mine at the time of my death and any death grant, in accordance with the Credit Union's Death Grant Policy. I understand that any Will I make in the future would take precedence over this declaration.

Name

.....

Address:

.....

.....

Post Code:

.....

THE WITNESS MUST NOT BE THE NOMINEE

Signature (Member)

.....

Signature (Witness)

.....

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Name

.....

Address:

.....

.....

Post Code:

.....

THE WITNESS MUST NOT BE THE NOMINEE

Signature (Member)

.....

Signature (Witness)

.....

Staff use only

I confirm I have ensured this form has been completed correctly and seen all supporting evidence.

Signed

Name

Date