

# North Birmingham Community Credit Union

NEW MEMBER	
AMENDMENT	

## MEMBERSHIP APPLICATION

Membership No.
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**PLEASE COMPLETE IN BLOCK CAPITALS**

Last Name	First Name(s)
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Address:
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Post Code	Telephone No.
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Date of Birth	Occupation
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Employer's Name and Address
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Doctors Name & Address
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Have you ever been a member of a Credit Union?
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How did you find out about this Credit Union?
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Data Protection: *If you do not wish to receive marketing material please tick box*

**"I hereby apply for membership of North Birmingham Community Credit Union and agree to abide by their rules. I declare that to the best of my knowledge the information given by me on this form is correct".**

Signature		Date	
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Proposed By		Member No	
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Seconded By		Member No	
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<b>For Office Use Only - Proof of Identity and Residence</b> e.g. passport; full driver's licence; medical card; NI card; utility bill; birth certificate; bank statement; pension or benefit book			
Identity:		Ref. No:	
Address:		Ref. No:	
Checked By:		Signature:	
Other Information:			
For Employment based applicants—confirmation of employment (including employment status)			
3.			

PLEASE TURN OVER

# FORM OF NOMINATION

"I.....  
(FULL NAME IN BLOCK CAPITALS)

Of .....  
(ADDRESS IN BLOCK CAPITALS)

Being a proposed member of North Birmingham Community Credit Union hereby nominate the following named people as sole beneficiary/ies to whom shall be transferred such property within the Credit Union as may be mine at the time of my decease, whether in shares or otherwise".

1. Name

Address

2. Name

Address

3. Name

Address

4. Name

Address

Signature

Date

Witnessed by

Signature of Witness

THE WITNESS MAY **NOT** BE NAMED AS A NOMINEE  
(Name 1,2,3 or 4)

This form may be used to amend previously nominated beneficiaries. It must be signed, dated and witnessed to be valid.

Membership accepted by the Board of Directors on	<input type="text"/>	
Accepted by (BLOCK CAPITALS)	1. <input type="text"/>	2. <input type="text"/>
Signature	1. <input type="text"/>	2. <input type="text"/>