



Kernow Credit Union Ltd

Membership Application

Membership Number: _____
Passbook issued? Y / N

PERSONAL DETAILS

Surname: (Mr/Mrs/Miss/Ms)	Forename(s):
Address:	
	Postcode:
Telephone:	Mobile:
e-mail:	
Date of Birth:	N.I. Number:
Do you agree to receive official communications (statements, notices etc) from KCU by e-mail? YES / NO	

EMPLOYMENT DETAILS

Name of Employer:	
Address:	
Postcode:	Telephone:
Work/Payroll Number:(for Payroll deduction only)	

- ID evidence must be produced with this application (e.g. Driving Licence, passport, Birth Certificate etc)
- Residency evidence must be provided with this application (e.g. utility bill (NOT TV licence), Council Tax statement, etc.)
- Your Credit Union always needs volunteers to ensure that it represents the community fully and gives the best possible service. Do you wish to volunteer some time? YES / NO
- An annual membership fee will be deducted from your share account, normally in October of each year.

How did you hear about us?
(If a person or organisation, please say who)

Kernow Credit Union is registered under the General Data Protection Regulation May 2018. The information that you provide will be used solely for the purpose of membership of the Kernow Credit Union.

**I hereby apply for membership of Kernow Credit Union and agree to abide by its rules.
I declare that the information given by me on this form is true and correct to the best of my knowledge.**

Signed..... Date...../...../.....

OFFICE USE ONLY		Service Point:	Initials:
ID evidence:		Residency evidence:	
Proposed by:	No:	Seconded by:	No:
Mem fee paid:	Shares deposited:	Standing Order?	



Confidential Form of Nomination

Please delete statement A or B as appropriate

A. I wish to nominate a beneficiary or beneficiaries as below.
(please complete the details below, sign and witness)

OR:

B. I do not wish to make a nomination at this time.
(please sign and witness at the bottom of this form)

I (Name)of (address)
....., as a member of the Kernow Credit Union

hereby nominate:

Name	
Address	
	Postcode:

Name	
Address	
	Postcode:

as the person(s) to whom there shall be transferred at my decease such in Kernow Credit Union Ltd as maybe mine at the time of my decease whether in shares or otherwise.

Any special instructions:

Signed: Dated the/...../..... (Day/Month/Year)

Witness 1: (Name)

Witness 2: (Name)

N.B If any of the above information changes pleased contact your Credit Union to ensure that up to date information is held on file.

Kernow Credit Union Ltd The Chambers, Penryn Street, Redruth, TR15 2SP Tel/Fax: 01209 314449
Web: www.kernowcreditunion.co.uk Email: enquiries@kernowcreditunion.co.uk

**Authorised by the Prudential Regulation Authority.
Regulated by the Financial Conduct Authority and the Prudential Regulation Authority 223115**