

MEMBERSHIP APPLICATION

THERE ARE TWO SIDES TO THIS FORM – PLEASE COMPLETE BOTH

Membership Number

Title _____ First Name(s) _____

Surname _____ Date of Birth _____

Address _____

Telephone - Home _____ Mobile _____

Email _____

If you do not currently live in Dacorum but work in the area, please complete this section and provide TWO recent payslips.

Employer _____ Telephone _____

Address _____

It helps us to know how you heard about DFCU. Please circle one of the following:

Friend's Recommendation

Internet Search

Advert

Newspaper Article

ABCUL website

Meeting/Presentation

Other (Please Specify)

If you were recommended or proposed by an existing member, please provide their name and membership number (if known)

Name _____ Member No. _____

Accounts must be opened in person along with minimum of £5, and two forms of identification are required; one to prove identity, and the other to prove address. Any of the following are acceptable:

IDENTITY: Passport, Photo Driving licence, Dacorum Card, Hertfordshire Bus Pass, National Rail Card, HM Forces ID card, Dacorum Student ID, Birth certificate

ADDRESS: Utility bill, Bank statement, DWP letter, Council Tax demand, Dacorum Housing Benefit document, Credit Card Statement.

Life Insurance

Your account will include a life insurance policy. This is free of charge and does not conflict with any other policies that you may hold. Please complete the following to name a beneficiary.

I hereby nominate _____

Of address _____

as the beneficiary to whom there shall be transferred on my decease such property in DFCU Ltd. as may be mine at the time of my decease, whether in shares or otherwise.

I confirm that the information submitted on this form is correct to the best of my understanding, and hereby apply for membership of Dacorum First Credit Union

Signature _____

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 DFCU. Your personal details will be treated confidentially and will only be shared with other agencies for the purpose of credit referencing and debt recovery.

FOR OFFICE USE

Form checked by _____ Date Passbook issued _____ Amount A/C opened with £ _____
(Minimum £5.00)

Evidence of Identity: Passport No. _____

Driving Licence No. _____

Other (specify) _____

Evidence of Residency: Utility Bill _____

Bank Statement _____

DWP Letter _____

Other (specify) _____

Application has been approved by the Board of Directors unless otherwise noted.

Account opened on system by Assistant Secretary:

Signature _____

Date _____