

MEMBERSHIP APPLICATION FOR JUNIOR DEPOSITOR

(Please complete the form in block capitals) Membership No: _____

All applicants must reside within the area covered by FIRST CHOICE Credit Union's common bond. If you are in any doubt about your eligibility or have difficulty completing this form please ask for assistance.

Personal Inforn	nation													
Title: Surname:				F	Forename(s):									
Gender: Male Female			Date of Birth (e.g. 20/04/2012) D			D D)	VI	M	Υ	Υ	Υ	Υ	
Address:														
Postcode:		Time at current address:												
Previous Addres	S(S): (If less than 3	years at curr	ent address)											
(1)			Post	Postcode:			Time at this address:							
(2)		Postcode:					Time at this address:							
Home Phone / M	lobile:													
Has the applicant previously been a member of this Credit Union or another Credit Union? Yes No														
Name of Credit Union: Membership Number:														
Name of Ones														
Name of Sponsor NOTE: Any young person irrespective of age (birth to 16 years) may be sponsored.														
			o years) may b											
Address:	Surname:				Forename(s)									
Postcode:			Contact Phone Number:											
		Membership No:												
Relationship:			Iviembership No.											
Nomination of I	Beneficiary													
I hereby nominate	the person named	below, to w	hom shall be	transfe	rred such p	rope	erty in	FIRS	T CH	HOIC	E Cre	edit U	nion	
I hereby nominate the person named below, to whom shall be transferred such property in FIRST CHOICE Credit Union Ltd as may be mine at the time of my decease, whether in shares or otherwise.														
Nominee's Name & Title:														
Address:														
Telephone:			Membershi	ip No:			Relationship:							
•				•										
Declaration														
I hereby apply for membership of and agree to abide by the rules of FIRST CHOICE Credit Union Ltd and declare that the														
	by me on this form													
Annlicent's Cian	atura.				Data									
Applicant's Signature:		ature if under	e if under 7 years of age T		_ Date:									
	t sign if over 7years o		years or age.	THE										
Sponsor's Signature:				M'et		/l'ship No:			Date:					
(if appropriate)					(if appropriate)									
Cashier's Signature:														

Please note that FIRST CHOICE Credit Union Ltd retains member's personal information under the Data Protection Act

FIRST CHOICE CU is Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, and all credit union deposits are cover by the Financial Services Compensation Scheme

OFFICE USE ONLY

	Document ID obtained from e.g. Passport / Medical Card / Birth Certificate / School Register / DWP letter etc	REF Number	Info taken by (Initials)
NAME			
ADDRESS			
DATE OF BIRTH			
NAME & ADDRESS OF SPONSOR	Passport / Driving Licence / Utility Bill etc:		