

MEMBERSHIP APPLICATION FORM

OFFICE USE ONLY

I HEREBY APPLY FOR MEMBERSHIP
AND AGREE TO ABIDE BY THE RULES OF
MID-TYRONE CREDIT UNION LIMITED

ACCOUNT NO:	
PHOTO ID (TYPE):	
ADDRESS ID (TYPE):	
NEW MEMBERS PACK:	Y / N

FULL NAME:		DATE OF BIRTH:	/ /
ADDRESS:		POSTCODE:	
TELEPHONE:		NI NUMBER:	-----
EMAIL ADDRESS:		OCCUPATION:	

APPLICANT SIGNATURE:		DATE:	/ /
PROPOSED BY:		ACCOUNT NO:	
SECONDED BY:		ACCOUNT NO:	

BENEVOLENT SCHEME FEE (£10) (APPLICABLE 01MAY > 31OCT)	
JOINING FEE (£2)	
FIRST DEPOSIT	
TOTAL	

MID-TYRONE CREDIT UNION LIMITED IS AUTHORISED BY THE PRA AND REGULATED BY THE FCA AND THE PRA :: FRN 574115

DESIGNATION OF BENEFICIARY

I,		ON BECOMING A MEMBER OF MID-TYRONE CREDIT UNION
HEREBY DESIGNATE		OF RELATIONSHIP
OF ADDRESS		AS MY
BENEFICIARY, TO RECEIVE ANY MONEY DUE TO ME FROM MID-TYRONE CREDIT UNION, PROVIDED THAT I HAVE FULFILLED MY AGREEMENT ON ANY OUTSTANDING LOAN I HEREBY RESERVE THE RIGHT TO CHANGE THIS BENEFICIARY AT ANY TIME.		

APPLICANT SIGNATURE:		DATE:	/ /
OFFICER SIGNATURE:		DATE:	/ /



UNDER THE PROCEEDS OF CRIME ACT 2002 (AS AMENDED) AND THE MONEY LAUNDERING REGULATIONS 2007, ALL FINANCIAL INSTITUTIONS AND OTHER DESIGNATED BODIES, INCLUDING CREDIT UNIONS, ARE LEGALLY OBLIGED TO DETER, DETECT AND ASSIST IN THE PREVENTION OF POSSIBLE MONEY LAUNDERING AND TERRORIST FINANCING ACTIVITY. YOUR ASSISTANCE AND CO-OPERATION IN THIS MATTER IS GREATLY APPRECIATED.

MEMBERS NAME:	<input type="text"/>	ACCOUNT NO:	<input type="text"/>
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<p style="text-align: center;">PURPOSE</p> <p style="text-align: center;">MAIN REASON FOR OPENING ACCOUNT (E.G. SAVE, BORROW, BOTH)</p>	
<p style="text-align: center;">ORIGIN</p> <p style="text-align: center;">ORIGIN OF MONEY (E.G. SAVINGS, SALARY, BENEFITS, PENSION ETC)</p>	
<p style="text-align: center;">TURNOVER</p> <p style="text-align: center;">INTENDED FREQUENCY AND AMOUNT OF LODGEMENTS</p>	
<p style="text-align: center;">SOURCE</p> <p style="text-align: center;">SOURCE OF FUNDS (E.G. CASH, CHEQUE, BANK TRANSFER ETC)</p>	

PLEASE NOTE THAT THE INFORMATION PROVIDED BY YOU ON THIS FORM WILL BE REVIEWED AT LEAST ONCE PER YEAR TO ENSURE THAT YOU ARE OPERATING YOUR ACCOUNT IN LINE WITH YOUR STATED EXPECTATIONS. BY SIGNING THIS DECLARATION, YOU ARE ACCEPTING THAT THE CREDIT UNION MAY CLOSE YOUR ACCOUNT IF IT IS NOT BEING OPERATED BY YOU AS INTENDED.

APPLICANT SIGNATURE:	<input type="text"/>	DATE:	/ /
OFFICER SIGNATURE:	<input type="text"/>	DATE:	/ /