

DATE OF BIRTH _____

Surname _____

Forename(s) _____

Address _____

_____ Postcode _____

Telephone Number _____ National Insurance Number _____

Email address _____

no

£
Shares

Please circle below your preferred choice of how you would like The Vale of Leven Credit Union to contact you

By Post email landline mobile

How did you learn about the Credit Union? Please circle

Advert Word of Mouth Other please state

Have you been a member of this Credit Union Before Yes/No

Have you been a member of another Credit Union Before Yes/No

Have you now or ever signed a Trust deed or been bankrupt Yes/No

Name and address of Employer _____

FORM OF NOMINATION (In case of death)

I _____ Address _____

A member of the above Credit Union hereby nominate: -

Name _____ Address _____

As the person to whom there shall be transferred at my decease such property in the Credit Union as may be mine at the time of my decease, whether shares or otherwise. If person under 16 years please give instructions whether cash to be held in credit union or paid to named guardian.

Any special instructions _____

Dated _____

Signature _____

Must not be person nominated

Witness _____ Witness _____

Address _____