

For office use only
Membership No:

Applicant Information

Title: (Mr/Mrs/Miss/Other): _____ First Name (s): _____

Surname: _____ Date of Birth: _____

Address: _____

Home Tel No: _____ Mobile: _____

E-Mail: _____ National Insurance Number: _____

Occupation: _____ Name of Employer: _____

Employers Address: _____

How did you hear about us? _____

Would you be interested in setting up a separate Christmas Saver Account? Yes / No *Delete as appropriate

If yes, please read through the additional sheet within this pack and sign the separate disclaimer.

Eligibility

Do you LIVE in Croydon, Merton or Sutton? Croydon / Sutton / Merton *Delete as appropriate

Do you WORK in Croydon, Merton or Sutton? Croydon / Sutton / Merton *Delete as appropriate

Do you STUDY in Croydon, Merton or Sutton? Croydon / Sutton / Merton *Delete as appropriate

Declaration and Signature

I hereby apply for membership of the Croydon Merton & Sutton Credit Union Ltd, agree to pay the £5 entrance fee, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

Applicant's signature:

Date:

Please return this form to us at the address below along with:

Proof of your Address (Bank statement, Utility Bill, Council Tax Letter)	Tick to confirm provided	<input type="checkbox"/>
Proof of your Name (Passport or Driving Licence)	Tick to confirm provided	<input type="checkbox"/>
A completed and signed Standing Order Form or Payroll Deduction Form:	Tick to confirm provided	<input type="checkbox"/>
Do you require and Engage Card?	Mark Y for Yes / N for No	<input type="checkbox"/>

Nomination of Beneficiaries

Your Details

Member Number: _____ Full Member Name: _____

Address: _____

_____ Post Code: _____

Home Telephone Number: _____ Mobile Telephone Number: _____

Beneficiary Details

Full Name of First Beneficiary: _____

Address: _____

_____ Post Code: _____

Home Telephone Number: _____ Mobile Telephone Number: _____

Relationship to Member: _____

Full Name of Second Beneficiary (if applicable): _____

Address: _____

_____ Post Code: _____

Home Telephone Number: _____ Mobile Telephone Number: _____

Relationship to Member: _____

Declaration and Authorisation

In the event of my death, I wish for CroydonPlus Credit Union to consider transferring all available funds that are mine, whether in shares or otherwise to the beneficiary / beneficiaries named above.

Signature of Member: _____ Date: _____

Print Members Name: _____

PLEASE LEAVE THIS SHEET BLANK IF YOU DO NOT WISH TO SET UP AN ADDITIONAL 'CHRISTMAS SAVER ACCOUNT'

Christmas Saver Application

Our Christmas Saver Account is the perfect way to save money ready for next Christmas. The Christmas Saver is separate from your main savings account with us and will secure savings for withdrawal over the Christmas Period. This would be there to help you with the cost of Christmas or even to make the long month of January a little easier to manage. The best part about having this additional account is that there is no minimum monthly figure, so you are free to save as little, or as much as you like!

Please note that the Christmas Saver Account is a SAVINGS only account and funds in this account will only be released in November, December and/or January. If at the time of withdrawal, you have a loan which is in arrears, we will use the funds from this account to clear the balance of the arrears before releasing any remaining funds to you. No loans can be issued on this account and you can only open a Christmas Saver Account if you are already a member of the credit union with a regular Share Account.

I wish to open a Christmas Saver Account and agree to save a total of £_____ per week / month
* Delete as appropriate

You do not need a separate Standing Order for this. When we receive your funds, we will allocate them across your accounts as specified.

Disclaimer and Signature

I understand and agree that this account is a Christmas Savings ONLY account and savings will only be released in the months of November, December or January and no loans can be issued on this account. I also agree that should I have any arrears on any Loan Accounts at the time of withdrawal that you will use the funds from this account to clear the balance of the arrears before any remaining funds are released to me.

Signature:

Date:

Print Members Name:



For office use only
Young Saver
Membership No:

Do you have a young person living with you?
 Have you considered setting them up a Young Saver Account?

Our Young Saver Account can be opened from birth and will provide a secure and safe savings account for your young person. This account will remain under your control until the child reaches 17, at which point they will automatically become the owner of the account and any funds that that it contains. Do not worry though, we will write to you before to remind you and you can decide then what you would like to do going forward.

If you would like to set up an account for your young person, please complete the below form and return it to us along with proof of the Young Saver's identity (Birth Certificate, Passport). There is no need to complete a second standing order form. Please just let us know below how much you would like to be allocated from each deposit to this account.

Details of Young Saver

(Please complete this section of the form on behalf of the Young Saver)

Full Name: _____

Date of Birth: _____ Gender: Male / Female / Prefer not to say *Delete as appropriate

Address (incl. Postcode): *The Young Saver must live in the same household as the Adult Member*

I would like to deposit £_____ per week / fortnight / month to this Young Saver Account *Delete as appropriate

Details of Trustee
 (Adult Member)

Member Number: _____

Full Name: _____

Date of Birth: _____ Relationship to Young Saver: _____

Address (incl. Postcode): _____

Email: _____ Telephone Number: _____

Adult Member Signature:

Date:

Print Adult Member Name: _____



PLEASE LEAVE THIS SHEET BLANK IF YOU DO NOT WISH TO SET UP AN ADDITIONAL 'SCHOOL SAVER ACCOUNT'

School Saver Application

Our School Saver Account is specially designed for use when you need it most! It will allow you to save for School Uniform, Equipment and Fee's that can be accessed for withdrawals in August, December and April. This could even be used for long term savings toward university costs! The best part about having this additional account is that there is no minimum monthly figure, so you are free to save as little, or as much as you like!

I wish to open a School Saver Account and agree to save a total of £_____ per week / month
* Delete as appropriate

You do not need a separate Standing Order for this. When we receive your funds, we will allocate them across your accounts as specified.

Please note that the School Saver Account is a SAVINGS only account and funds in this account will only be released during the months of April, August and December. If at the time of withdrawal you have a loan which is in arrears, we will use the funds from this account to clear the balance of the arrears before releasing any remaining funds to you. No loans can be issued on this account and you can only open a School Saver Account if you are already a member of CroydonPlus Credit Union with a regular Share Account.

Disclaimer and Signature

I certify that the information given is true and complete to the best of my knowledge. I hereby apply to open a School Saver Account and agree to abide by the rules of Croydon Merton and Sutton Credit Union Ltd. I agree to Croydon Merton and Sutton Credit Union Ltd carrying out any enquiries to assist when making decisions about my Credit Union account such as an on-line identity verification or credit search using a Credit Reference Agency. I understand and agree that this account is a School Saver Account ONLY account and savings will only be released in the months of April, August and December and no loans can be issued on this account. I also agree that should I have any arrears on any Loan Accounts at the time of withdrawal that you will use the funds from this account to clear the balance of the arrears before any remaining funds are released to me.

Signature:

Date:

Print Name: _____



Standing Order Mandate

Name of Credit Union Member: _____
(the credit union a/c to receive money)

Name of Bank Account Holder: _____
(as It appears on the Bank Account, if different)

Address of Bank Account holder:

Name of Your Bank: _____

Your Bank Sort Code: _____

Your Bank Account Number: _____

Until you receive further notice from me please pay:

The Co-operative Bank, Croydon Branch, Sort Code 08-92-99

For the Credit of: Croydon Merton & Sutton Credit Union Ltd Ref: _____

6	7	0	0	5	7	5	0
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The sum of (Amount in Figures): £ _____

(Amount in Words): _____

Commencing on _____
(The start date of the payments)

and thereafter every _____ or Weekly / Fortnightly / Monthly
(Due Date)

Signature of Bank Account Holder: _____ Date _____
(Bank Account Holder to sign here)

TO THE BANK: Please ensure you use this reference:

Please cancel any previous standing order in favour of CMS Credit Union / Croydon Plus

Account 1	Account 2	Account 3	Account4	TOTAL		Date + Initials
S	£	£	£		Received From Member	
L					COPY, Original To Bank	
					Entered on COMPUTER	