

Yes, I would like to join the  
**money revolution**

and become a member of

**Sefton**  
CREDIT UNION LTD



# Form A

beneficiary for insurance form of nomination

(Mr/Mrs/Ms/Miss/Dr)

Surname

Forenames

Address

Postcode

(please provide proof of ID and current address, ask at CU office for details)

Date of Birth

Tel No. (Work)

Tel No. (Home)

National Insurance Number

Employer's Name

Previous Address (if less than 3 years)

Postcode

I hereby apply for membership of the above credit union and agree to abide by the rules of the above credit union. I declare that the information given by me on this form is true and correct to the best of my knowledge and belief. I understand that a non-returnable membership fee of £5.00 will be deducted from my first payment into the Credit Union, to cover administration costs etc.

Signed

Date

Please fill in form A overleaf.

I, (full name)

of (address)

Postcode

a prospective member of the above credit union hereby nominate

(name of beneficiary)

of (address)

Postcode

relationship to prospective member

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 in shares or otherwise, should my application for membership be successful.

Signed

Date

Witness

Date

The witness shall not be the beneficiary

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**For Office Use Only**

ID provided

Accepted/Declined for membership on

Membership Number