



Corporate Membership Application Form

This form is for Clubs, Societies and Associations

To be completed in BLOCK CAPITALS

Confirming and verifying identification of individuals

In common with other financial institutions we require validation and identification of all signatories to the account. Individuals representing organisations will be required to produce identification documents giving proof of name, date of birth and address in accordance with the credit union's normal identification requirements for individual members

Confirming and verifying the Club, Society or Association

We require a copy of the constitution and a list of officers.

Section One – Information about your organisation

Full name of organisation – as shown on your governing documents _____

Key contact for communication – Full name: _____

Correspondence address: _____

_____ Postcode _____

Daytime Telephone _____ Mobile _____

Email _____ Website _____

Registered address: If different from correspondence address _____

_____ Postcode _____

When was your organisation established? _____

What does your organisation do? Please give details of the main activity of your organisation

Section Two – Information about the person acting as the authority on behalf of your organisation

Title _____ First Name (s) _____

Surname _____

Position in organisation _____

Home address _____

_____ Postcode _____

Daytime telephone _____ Mobile _____
 Email _____ Website _____
 Time with organisation _____ Time at current address _____
 Date of birth _____ National Insurance Number _____
 Are you a member of this credit union as an individual? Yes No
 If yes, give Membership Number _____

Usual Signature: _____ Date: ___/___/___

Section Three – Information about second authorised signatory (if applicable)

Title _____ First Name (s) _____
 Surname _____
 Position in organisation _____
 Home address _____
 _____ Postcode _____
 Daytime telephone _____ Mobile _____
 Email _____ Website _____
 Time with organisation _____ Time at current address _____
 Date of birth _____ National Insurance Number _____
 Are you a member of this credit union as an individual? Yes No
 If yes, please give Membership Number _____

Usual Signature: _____ Date: ___/___/___

HOW WE WILL USE AND SHARE YOUR INFORMATION

This Credit Union will process your data in accordance with your rights under the Data Protection Act 1998.

Your information may be processed by this credit union in any form and on any database used by us for the following purposes s:

- to consider any applications made by you:
- to help us to make credit decisions about you and anyone to whom you are linked financially or other members of your household:
- to deal with your account(s) or run any other services we provide to you:
- to undertake statistical analysis, financial risk assessment, money laundering checks (which may include telephoning you), compliance and regulatory reporting, fraud prevention and debt tracing;
- to help us identify products and services which may be of interest to you (unless you have asked us not to);

Please tick this box if you would like to be contacted for marketing purposes.

You do agree that we can forward any newsletter, statement message, new terms and conditions or information about changes to the way your account(s) operate.

Section Four – Resolution

To Stroud Valleys Credit Union

We confirm that at a properly convened meeting it was resolved that:

- 1. We wish to open an account with Stroud Valleys Credit Union and in doing so agree to abide by the social objectives, rules, policies and procedures of the credit union.
- 2. The individual(s) representing the organisation have completed all required personal details and provided identification documents according to the requirements of the credit union.
- 3. Stroud Valleys Credit Union will rely on the appointed representatives unless it receives written confirmation of changes to representatives.
- 4. To provide the credit union with the following documents as indicated below.

Supporting Documentation

A copy of the constitution

Identification documents of individual signatories

Declaration

Two Signatories required,

We hereby certify that the above resolution is a true copy of the resolution passed at a meeting held on ___ / ___ / ___

On behalf of the governing body

Title _____ First Name(s) _____

Surname _____

Position in organisation _____

Usual Signature _____ Date ___ / ___ / ___

On behalf of the governing body

Title _____ First Name(s) _____

Surname _____

Position in organisation _____

Usual Signature _____ Date ___ / ___ / ___

For Credit Union Office Use Only

Received by _____ Date ___ / ___ / ____

ID Proof signature 1 _____ Copies made Yes / No

ID Proof signature 2 _____ Copies made Yes / No

Copy of Corporate ID 1 _____ Received Yes / No

Copy of Corporate ID 2 _____ Received Yes / No

Approved by _____

Approved by _____

Membership Start Date ___ / ___ / ____

Membership Number. _____

Notes