



Membership application form

Join over **23,000** people living and working in the East of Scotland who already enjoy the benefits of Capital Credit Union membership: **saving and borrowing together.**

Personal details

Title: Mr Mrs Ms Miss Dr Other:

First name(s):

Surname:

Gender: Male Female

Nationality:

Marital Status:

Date of Birth:

National Insurance number (required):

Telephone number:

Address:

Postcode:

Homeowner Tenant Living with parents Other _____

Email:

Mother's maiden name:

Are you a UK Tax resident? Yes No (if no, please complete details below)

Country of Tax Residence:

Tax identification Number:

Community Trade Union members. Please ensure you enter your Community Trade Union membership number here:

Employer details

Company name:

Address:

Job title:

Employed Self employed Retired Student Unemployed

Full time Part time

Payroll number:

Next of kin details

First name:

Surname:

Address:

Postcode:

Relationship to you:

Bank details

Please note that we'll need your Bank Details in order to make payments from your Capital Credit Union account into your Bank Account.

Bank/Building society:

Account holder name:

Branch sort code:

Account number:

I authorise a transfer of payment to Capital Credit Union for:

Amount (figures):

Amount words:

Start date:

By: Payroll deduction Direct debit

Weekly Fortnightly 4 weekly Monthly

I consent to receiving Marketing information from Capital Credit Union about our products and services.

I hereby apply for membership of Capital Credit Union Ltd and agree to abide by their rules. I declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

I also agree to Capital Credit Union carrying out any enquiries to confirm my details including an on-line identification search. If you are not registered on the voters roll at your current address, please provide two original forms of identification one of which must show your current name and address and one showing your identity which should be photographic identification (eg: passport, driving licence). If you are registered on the voters roll, you may **still** be required to provide two original forms of ID.

I confirm I have read, understood and received the Financial Services Compensation Scheme - Information Sheet

Signed:

Dated:

Capital Credit Union Lottery

Every month we run a members lottery, offering all members the chance to win a **first prize (£3000), second prize (£500), and several runner up prizes (£100).**

Tickets are available for only £1 and members can buy up to 10 tickets.

I would like to apply for _____ tickets at a cost of £_____ per month.

I understand that paying for lottery entries are in addition to my regular savings deduction and I hereby authorise Capital to increase my Payroll Deduction/Direct Debit payment accordingly.

Signed:

Date:

Where did you hear about us?

Employer Refer a friend Family member Friend Colleague

Housing Association Internet Staff Intranet Workplace visit

Other:

If you were recommended by an existing member please fill in their details below

Member name:

Member number / postcode:

**For more information please contact us at:
enquiries@capitalcreditunion.com**

Capital Credit Union Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm reference number 213575. We are covered by the Financial Services Compensation Scheme therefore your savings are secure up to £85,000. For further information visit the FSCS website www.fscs.org.uk or call 0800 678 1100.

Capital Credit Union Ltd, 62 Hamilton Place, Edinburgh EH3 5AZ.

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