



Discovery Credit Union Ltd
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 Dundee DD1 1DB
 Tel. (01382) 431505
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 Website: www.discoverycu.co.uk

APPLICATION FOR MEMBERSHIP

To be completed in **BLOCK CAPITALS** and returned to
DISCOVERY CREDIT UNION LTD

Membership No.
 (Office use only)

PERSONAL DETAILS

(Mr/Mrs/Ms/Miss): _____ Surname: _____
 Forename(s): _____ Date of Birth: _____
 Home Address: _____ N.I. No: _____

 _____ Home Tel: _____
 Postcode: _____ Work Tel: _____
 Email: _____ Mobile: _____

EMPLOYMENT DETAILS

Occupation: _____
 Department/Section: _____
 Employers Name and Address: _____
 _____ Postcode: _____

PAYROLL DEDUCTION MANDATE (Only complete this section if your employer has agreed to provide payroll deduction to the credit union.)

Department/Section: Pay No.:
 I authorise payroll to make the following deduction(s) from my weekly/fortnightly/monthly pay to Discovery Credit Union Ltd:
 £ per week/fortnight/four weeks/month* * delete as appropriate
 (N.B. There is an initial joining fee of £2.50 which is deducted from your first payment)
 Signature: Date:

NOMINATION OF BENEFICIARY

I (details as above), hereby nominate (name of beneficiary): _____
 of (address): _____
 _____ Postcode: _____

Relationship to applicant: _____
as the person to whom there shall be transferred, all monies in my Credit Union account as may be mine at the time of my decease, whether in shares or otherwise.

Signature of Applicant: _____ Date: _____
 Signature of Witness: _____ Date: _____

(The Witness must be aged over 18 years and must not be the beneficiary)

EQUAL OPPORTUNITIES

Your Credit Union is committed to equal opportunities. It would greatly assist our attempt to improve our service and make membership available to all sections of the community if you would provide the following information. *Please tick the relevant section :*

Sex: Male Female

Age group: 0 - 17 18 - 24 25 - 34 35 - 49
 50 - 59 60 - 69 70+

Do you have a disability? Yes No
 If yes, are you registered as disabled? Yes No

Are you unemployed? Yes No

Marital status? Married Civil Partnership Single Separated
 Divorced Widowed

No.of dependant children:

What is your Ethnic origin?

<input type="checkbox"/> White - UK	<input type="checkbox"/> Black - African Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> Black - African
<input type="checkbox"/> White - Other, please specify <input type="text"/>	<input type="checkbox"/> Black - Other, please specify <input type="text"/>
<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Ethnic Group, please specify <input type="text"/>
<input type="checkbox"/> Asian - Other, please specify <input type="text"/>	

Where did you hear about us?

Family/friend <input type="checkbox"/>	Making Money Work <input type="checkbox"/>	NHS <input type="checkbox"/>
Collection Point <input type="checkbox"/>	Brooksbank <input type="checkbox"/>	Dundee North Law Centre <input type="checkbox"/>
Website <input type="checkbox"/>	CAB <input type="checkbox"/>	Dundee Homefinder <input type="checkbox"/>
Employer <input type="checkbox"/>	Dundee City Council <input type="checkbox"/>	Dundee Carers Centre <input type="checkbox"/>
Housing Association <input type="checkbox"/>	DEEAP <input type="checkbox"/>	Shelter <input type="checkbox"/>

IDENTIFICATION: To comply with current legislation please provide two forms of acceptable identification. The minimum required is: **first document** to verify name and address, **second document** to verify name and either current address or date of birth. **Original documents.**

DECLARATION: I hereby apply for membership of and agree to abide by the rules of Discovery Credit Union Ltd. I understand that a joining fee of £2.50 will be deducted from my first payment into the credit union and an annual membership fee of £3.50, due on 1st October, will be deducted from my savings account each year. I declare that the information provided by me on this form is true and correct to the best of my knowledge and belief.

Signature: Date:

OFFICE USE ONLY	
I.D. Verification:	Checked by: Date:
Proof of name and address	Checked by: Date:

