

CHRISTMAS SAVER APPLICATION FORM

EXISTING MEMBER APPLICATION

Membership Number:

Name:

I wish to apply to open a Christmas Saver Account provided by the West Cheshire Credit Union. I agreed to abide by the rules applicable to this saving scheme and have read and understood the terms and conditions attached.

Address:

Signed:

Date:

Post Code:

Why not email your request outlining membership number, name, address to: info@wccu.co.uk

NEW MEMBER APPLICATION

Name: Mr / Mrs / Miss / Ms

Address:

I wish to apply to open a Christmas Saver Account provided by the West Cheshire Credit Union. I agreed to abide by the rules applicable to this saving scheme and have read and understood the terms and conditions attached to this account. I live, work, study or volunteer in the common bond area covered by West Cheshire Credit Union (Chester and District including Saltney)

Post Code:

I agree to pay on one off joining fee of £3, which will be used to administer my account.

Daytime Telephone:

Signed:

Date:

Evening Telephone:

Date of Birth:/...../...../

National Insurance Number:

Please provide 2 forms of Identification when applying to open this account. One to verify your personal identity and one to verify your current address. Failure to do so, will result in a delay in opening your account

Beneficiary Details:

West Cheshire Credit Union provides free life insurance cover to protect your savings or any outstanding loan (age and medical restrictions may apply).

In the event of my death I wish to nominate the following person to receive any sums owed from my saving account:

Name: Address:.....

Relationship to Applicant: (Husband, Daughter, Son etc)

Office Use Only

Date application received:

Received By:

New Member or Existing Member:

Entrance Fee Paid:

Identification Details Attached:

Membership Number Provided:

Number:

Member Pack and Saving Card Sent Out:

Processed by: