

Membership Application Form



Please complete in BLOCK CAPITALS

Title	First name(s)	Last na	Last name	
Address				Postcode
				4
Date of birth	Home telephone number	Mobile number	E-mail address	
d d/mm/yy	уу			<u>`````````````````````````````````````</u>

Nomination of Beneficiary

In the event of your death, who do you want to be the nominated beneficiary of any savings you hold with Kingdom Community Bank?

Beneficiary's first name	Beneficiary's last name	Relationship to you
Beneficiary's address		Postcode
Your signature	Date signed	1
×	d d/mm/yyyy	

Privacy Information

Kingdom Credit Union Ltd (trading as Kingdom Community Bank) is the controller of your personal data which we will use in order to open, administer and run your account. You hereby consent to us accessing, processing, and retaining any information you provide to us, for the purposes of providing services to you and to comply with our legal and regulatory obligations. Your personal details are always treated confidentially, stored securely and will only be shared for purposes of identity and fraud checks with credit reference and/or identity checking agencies.

Kingdom Community Bank will never sell your personal data to any organisation or person. We will not share your personal data with any other organisation or person outwith Kingdom Community Bank, except for the purposes of providing our services to you as a Member, as clearly set out in our Privacy Notice. You should read the Privacy Notice before completing this form.

Declaration

By submitting this form to become a Member of Kingdom Community Bank, you are agreeing to us using your personal data in the ways explained in the Privacy Notice. You may withdraw your consent to the use of this data by closing your account. For further information about how we will use your personal data, please view our full Privacy Notice at www.kingdomcb.org.uk/privacy

Copies can also be requested by e-mailing info@kingdomcb.org.uk or by telephoning 01592 714888. Paper copies are available in our offices. I hereby apply for membership of Kingdom Community Bank and agree to abide by its rules. I declare that the information given by me on this form is true and correct at the time of signing.

Signed

X		

Date signed

Submitting the Form and Your ID

by post

Kingdom Community Bank, Main Street, Methilhill KY8 2DP Please include copies of 2 acceptable proofs of ID*

by e-mail

info@kingdomcb.org.uk Please attach scanned copies of 2 acceptable proofs of ID*

in person

Main Street, Methilhill KY8 2DP or 15 Lyon Way, Kingdom Shopping Centre, Glenrothes KY7 5NN or at our collection points. Please bring 2 acceptable proofs of ID* with you

Thank you

*ACCEPTABLE PROOFS OF ID (two separate proofs are required, including one Photo ID if held)

PHOTO ID

Valid passport Full driving licence EU National ID Card HM Forces Card

ADDRESS VERIFICATION

Paper driving licenceCouncilDWP letterLetterBank/Post Office/Credit statement*TenandHMRC letterMortgaUtility bill*Curren*documents must be less than 3 months old

Council tax letter Letter from Fife Council or NHS Tenancy agreement or rent card Mortgage statement Current TV Licence

Please Note

There is a fee of £2.50 to join (this can be deducted from your first deposit). We charge an annual fee of £2.00 each October to help cover the cost of running the credit union and your account.

Type of ID provided	FOR OFFICE USE ONLY		
Checked by	Date	Membership number	
	d d/mm/yyyy		

www.kingdomcb.org.uk

Kingdom Community Bank is a trading name of Kingdom Credit Union Ltd.

Kingdom Credit Union - Authorised by the Prudential Regulation Authority (PRA) and Regulated by the Financial Conduct Authority (FCA) and Prudential Regulation Authority (PRA), Registration No. 231896. Covered by the Financial Services Compensation Scheme (FSCS).