



Kingdom Credit Union Limited

MAIN STREET, METHILHILL, FIFE KY8 2DP
9 ALBANY GATE, GLENROTHES, FIFE KY7 5NP
mainoffice@kingdomcu.org.uk

Application for Membership

Title Name (PRINTED IN FULL) Acc. No.

Address Date of Birth

..... Post Code N.I. No.

Previous Maiden Names

Landlord / Housing Association

Tel. No. Mobile

Email Address

Occupation Name of Employer

Employer's Address

I wish to apply for membership of and agree to abide by the rules of Kingdom Credit Union.

Are you, or has a partner or member of your family ever been a member of this or any other Credit Union?

YES NO

If YES, give details

.....

NOMINATION OF BENEFICIARY

Name of Beneficiary

Relationship of Beneficiary to Member

Address of Beneficiary

.....

I, being a member of Kingdom Credit Union Ltd., nominate the above named as my beneficiary, to receive any money due under the Life Insurance Terms and Savings Plan of the Credit Union, providing I have fulfilled any outstanding loan agreement. I reserve the right to change the Beneficiary I have named here.

Member's Signature Date

Witnessed by

Acceptable Forms of I.D. (two are required)

- Passport
- Driving License
- Utility Bill
- Post Office/Bank/Credit Statement
- Council Tax
- DWP Letter
- Benefits Agency Letter
- Inland Revenue Letter
- Firearms License
- Equifax

Letter of recommendation

- Doctor
- Teacher
- Lawyer
- Other
- Social Worker
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- Checked by:
- Date:

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Firm Reference Number 231896

Data Protection Statement: In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purposes of managing your accounts with the Credit Union. Your personal details will be treated confidentially and will only be shared with other agencies for the purposes of credit referencing, debt recovery and fraud prevention.