

## Application for Membership

To be completed in BLOCK CAPITALS and returned to:

19 Charles Street, Milford Haven, SA73 2AA

Authorised and regulated by the Financial Services Authority Reg No 213785

Or to one of our local collection points



**AN ABCUL MEMBER  
CREDIT UNION**

### Your Details

<b>Title</b>	Mr		Mrs		Ms		Miss		Other (please specify)	
<b>Surname</b>										
<b>Forename(s)</b>										
<b>Home Address</b>										
								<b>Postcode</b>		
<b>Date Birth</b>							<b>N.I. Number</b>			
<b>Home Tel:</b>					<b>Work Tel:</b>					
<b>E mail Address</b>										

All correspondence will be sent to this address unless you inform us otherwise.

<b>Employer</b>		<b>Tel No:</b>	
<b>Employer's Address</b>			

### Your Signature

<b>Signed</b>	<b>Date</b>

#### For Office Use:

Received By:

ID Proof:

Approved By:

Membership Start Date:

Membership Number:

How did you hear about us?

#### NOMINATION FORM (In case of death )

Members are also covered by free life insurance  
(Age and pre-existing conditions apply)

I \_\_\_\_\_  
of (address) \_\_\_\_\_

A member of Haven Credit Union, hereby nominate:

A) \_\_\_\_\_  
of (address) \_\_\_\_\_

B) \_\_\_\_\_  
of (address) \_\_\_\_\_

**as the person(s) to whom there shall be transferred at my decease such property in the Credit Union as may be mine at the time of my decease, whether in shares or otherwise.**

Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Members Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Address: \_\_\_\_\_

Please note the witness must be unrelated to the member and must not be one of the named beneficiaries.

**Please remember to inform the Credit Union if your wishes, as stated on this form, change in any way.**