



**Calderdale Credit Union**  
13 Northgate  
Halifax  
HX1 1UR  
Telephone: 01422 393106

### Adult Savers Application Form

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

(you must provide proof of ID and current address)

ID Provided: Driving Licence [ ] Passport [ ] Utility Bill [ ] Rent Card/Book [ ]  
Benefit Documents [ ]

Please state how long you have been resident at your present address: \_\_\_\_\_

If less than three years, please give your previous address:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

N.I No: \_\_\_\_\_

Child Benefit No: \_\_\_\_\_

Tel (work): \_\_\_\_\_

Tel (home): \_\_\_\_\_

Employers Name: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

Payroll No: \_\_\_\_\_

I hereby apply for membership and agree to abide by the rules of the Calderdale Credit Union Ltd and declare that the information given by me on this form is true and correct to the best of my knowledge and belief. I understand that a non-returnable membership fee of £1.00 will be deducted from my first payment into Credit Union to cover administration costs.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please tell us how you heard about Calderdale Credit Union: \_\_\_\_\_

#### Office use only

ID Provided: \_\_\_\_\_

Accepted/Declined for membership on: \_\_\_\_\_

Membership No: \_\_\_\_\_

Method of Payment: Payroll Deduction [ ] Standing Order [ ] Cash Collection [ ]

CHB No: \_\_\_\_\_



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### Beneficiary for Insurance Form of Nomination

I,

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

a prospective member of Calderdale Credit Union Ltd hereby nominate

**Beneficiary Name:** \_\_\_\_\_

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

Post Code: \_\_\_\_\_

as the person 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, should my application for membership be successful.

\_\_\_\_\_  
**Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Witness:** \_\_\_\_\_

Date: \_\_\_\_\_

(The witness shall **NOT** be the Beneficiary)