

JOINT MEMBERSHIP APPLICATION



Please complete in full using BLOCK CAPITALS. Forms can be returned to Stirling Credit Union Ltd., 10 Spittal Street, Stirling, FK8 1DU or info@stirlingcreditunion.co.uk. If you have any questions, please email or telephone 01786 437090.

Joint accounts can be opened for two existing adult members. If one or both joint account applicants is not already a member, single membership application should be completed before the joint account is opened (forms are available from the website or the office).

Personal details of member 1

Membership no.:	Title (Mr, Mrs, Miss, Ms, Dr, etc.):
Surname:	First name:
Middle name(s):	
Address:	
Post code:	Mobile:
Email address (in BLOCK CAPITALS):	

Personal details of member 2

Membership no.:	Title (Mr, Mrs, Miss, Ms, Dr, etc.):
Surname:	First name:
Middle name(s):	
Address:	
Post code:	Mobile:
Email address (in BLOCK CAPITALS):	

Correspondence details

Address for correspondence:	
	Post code:
Addressee (name of member(s) for correspondence):	

Marketing preferences (✓)

Would you like to accept marketing from the Credit Union?	Yes	No		
If yes, would you like this by:	post	email	SMS	any method?

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Declaration (✓) of member 1

- I confirm that I would like to open a joint adult membership account and declare that the information given by me on this form is correct to the best of my knowledge and belief. I authorise Stirling Credit Union Ltd. to carry out the required Customer Due Diligence and verify my identity and residence by checking the information given on this form against that on relevant databases (e.g. the electoral register, credit reference agencies and fraud prevention agencies).
- I confirm that I am aware that a £2.00 entrance fee will be deducted from my first deposit.
- I confirm that I am aware that if the members approve an annual service charge at the Annual General Meeting (currently £5) that this will be deducted from my savings near the end of the Credit Union's financial year (30th September).
- I confirm that I have received the Financial Services Compensation Scheme Information Sheet.
- I confirm that I agree to Stirling Credit Union Ltd. (Data Controller in terms of the Data Protection Act 2018) recording any personal and personal sensitive data provided for the purposes of managing my account. You are entitled to copies of any information the Credit Union holds about you. Any personal and personal sensitive data you provide will be treated confidentially and will only be shared with third parties if it is necessary for the performance of the Credit Union's contract with you, to meet the Credit Union's legitimate interests, to comply with a legal obligation or if you provide your consent.

Signature of applicant 1: _____ Date: _____

Declaration (✓) of member 2

- I confirm that I would like to open a joint adult membership account and declare that the information given by me on this form is correct to the best of my knowledge and belief. I authorise Stirling Credit Union Ltd. to carry out the required Customer Due Diligence and verify my identity and residence by checking the information given on this form against that on relevant databases (e.g. the electoral register, credit reference agencies and fraud prevention agencies).
- I confirm that I am aware that a £2.00 entrance fee will be deducted from my first deposit.
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Signature of applicant 2: _____ Date: _____