

CHURCHES' MUTUAL CREDIT UNION—CORPORATE MEMBERSHIP APPLICATION FORM

(please answer all the questions on this form, if the question does not apply please put N/A)

ABOUT THE ORGANISATION

Name: _____

Trading Name (if different): _____

Registered

Address: _____

Email: _____ Website: _____

Registered Charity (Y/N): _____ If yes, please provide number: _____

Bank Details: _____

Sort Code: _____ Account Number: _____

RESOLUTION

We the undersigned do declare that at a properly convened meeting of:

held on the _____ day of _____ 20_____

It was resolved that:

Insert resolution here:

Please provide details of authorised signatories for the account (minimum two, maximum four)

SIGNATORY ONE (this will be the main contact person for the account)

Title: _____ Surname: _____

First Name/s: _____

Date of Birth: ___/___/___ N.I.No.: _____ Occupation: _____

Current Address: _____

Post Code _____ Tenure: _____

How long have you lived at this address? Years _____ Months _____

If you have lived at the above address for less than 3 years please give your previous address/es

Post Code _____ tenure: _____

How long did you live at this address? Years _____ Months _____

Position in the Organisation: _____

Are you an individual member of Churches' Mutual Credit Union? YES/NO.

If No – please supply a photocopy of ID (valid passport or driving licence preferred)

SIGNATORY TWO

Title: _____ Surname: _____

First Name/s: _____

Date of Birth: ___/___/___ N.I.No.: _____ Occupation: _____

Current Address: _____

Post Code _____ Tenure: _____

How long have you lived at this address? Years _____ Months _____

If you have lived at the above address for less than 3 years please give your previous address/es

Post Code _____ tenure: _____

How long did you live at this address? Years _____ Months _____

Position in the Organisation: _____

Are you an individual member of Churches' Mutual Credit Union? YES/NO.

If No – please supply a photocopy of ID (valid passport or driving licence preferred)

SIGNATORY THREE

Title: _____ Surname: _____

First Name/s: _____

Date of Birth: ___/___/___ N.I.No.: _____ Occupation: _____

Current Address: _____

Post Code _____ Tenure: _____

How long have you lived at this address? Years _____ Months _____

If you have lived at the above address for less than 3 years please give your previous address/es

Post Code _____ tenure: _____

How long did you live at this address? Years _____ Months _____

Position in the Organisation: _____

Are you an individual member of Churches' Mutual Credit Union? YES/NO

If No – please supply a photocopy of ID (valid passport or driving licence preferred)

SIGNATORY FOUR

Title: _____ Surname: _____

First Name/s: _____

Date of Birth: ___/___/___ N.I.No.: _____ Occupation: _____

Current Address: _____

Post Code _____ Tenure: _____

How long have you lived at this address? Years _____ Months _____

If you have lived at the above address for less than 3 years please give your previous address/es

Post Code _____ tenure: _____

How long did you live at this address? Years _____ Months _____

Position in the Organisation: _____

Are you an individual member of Churches' Mutual Credit Union? YES/NO

If No – please supply a photocopy of ID (valid passport or driving licence preferred)

MANDATE

Please confirm the mandate requirements for this management of the account e.g. any two to sign; all to sign _____

Please tell us how you heard about Churches' Mutual Credit Union _____

Please note, Churches' Mutual Credit Union will take up such references and make such enquiries about the signatories to this account as it considers necessary to satisfy due diligence in the prevention of fraud and/or money laundering. The Credit Union uses a Credit Referencing Agency to establish identification and verification and to prevent fraud and money laundering. The agency used retains your information for 12 months regardless of whether this application is successful or not. This search will not affect your credit score.

Data Protection Act 1998: Your Personal Information will be treated as confidential and will only be disclosed a) at your request b) to our agents in managing your accounts c) in the public interest d) to prevent fraud or by the order of the courts or e) taking up references. The Data Protection Act gives you a right to a copy of your personal records held on our files on payment of a fee.

We confirm that the information we have provided is correct and hereby authorise CHURCHES' MUTUAL CREDIT UNION Ltd to make any enquiries it deems necessary to third parties in connection with this application.

Signed (Signatory 1) _____

Signed (Signatory 2) _____

Signed (Signatory 3) _____

Signed (Signatory 4) _____

Witnessed By (Signature) _____

Name _____

Address: _____

Date _____

