



Membership  
number

**SOUTH MANCHESTER CREDIT UNION LIMITED**

**APPLICATION FOR MEMBERSHIP**  
(PLEASE COMPLETE IN BLOCK CAPITALS)

**Surname** ..... **Mr/Mrs/Miss/Ms** ..... **N.I. No.** .....

**Forename(s)** .....

**Address** .....

.....

..... **Postcode** .....

**Date of Birth** .....

**Tel. No.** ..... **Mobile:** .....

**E-mail** .....

**If you don't live in our common bond area (but work within it), please enter your employer's name and address**

.....

.....

**I hereby apply for membership of, and agree to abide by the rules of, the South Manchester Credit Union Limited and declare that the information given by me on this form is true and correct to the best of my knowledge.**

**Signature** ..... **Date** .....

**Proposed by** ..... **Membership No.** .....

**Seconded by** ..... **Membership No.** .....

**Entrance Fee** £3.00  
**Share deposit** £1.00 minimum per week

**Two proofs of identification must be produced before your membership can be confirmed.**  
These may be a Passport, Driving Licence, Rent Book, Identity card, DWP Order Book, Utility Bill, Employer's confirmatory letter etc.

**Documents shown** ..... **Ref:** .....

..... **Ref:** .....

Member joined at which collection point?.....



**SOUTH MANCHESTER CREDIT UNION LIMITED**  
**FORM OF NOMINATION (in case of death)**

**I (full name)**..... of (address).....  
.....,  
a member of South Manchester Credit Union Ltd, **hereby nominate** .....  
.....(**full name**), of (address) .....  
..... **Tel. no.**.....

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

**Any special instructions:** .....  
.....

Date .....

Signature of member .....

Witnessed by ..... Name of witness .....

Address .....  
.....

The Witness shall not be the person nominated