

# Beechview Antigonish Credit Union Ltd

465 Falls Road, Belfast, BT12 6DD

Phone : 028 90438175 Fax : 028 90237302

Web : www.beechviewcu.co.uk

Email : info@beechviewcu.co.uk

Member Number

Date

## MEMBERSHIP APPLICATION FORM

### Contact Details

Name

Address

Telephone

Email

### Membership Details

Date Joined

Startup Account

NO  
PHOTOGRAPH

### Account Information

Purpose / Intended Nature of Account

Source of Wealth

Source of Funds

### Employment Details

Occupation

Status

### Personal Details

Date of Birth

#### Declaration:

- I hereby apply for membership of and agree to abide by the rules of Beechview Antigonish Credit Union Ltd , and declare that I am not or have not been a member of any credit union other than those listed as follows:

- I accept and understand that the balance in the above numbered account in my name will be refunded to me by Beechview Antigonish Credit Union Ltd in the event of my membership application being disapproved.
- The information given by me on this form is true and correct to the best of my knowledge and belief.
- I understand that any false or misleading information given by me in connection with my application for or my membership with the Credit Union may result in termination of my membership, apart from any other legal sanctions that may apply.

Applicant's Signature **X**

Witness Signature

Print Name

Print Name

Date   /   /

Date   /   /

### Application Status

OFFICE USE ONLY

Taken by

Date   /   /

Proposed by

Date   /   /

Seconded by

Date   /   /

Approved by

Date   /   /

Beechview Antigonish Credit Union Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

FRN:

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### Services

There are certain **non-marketing** notices that we are obliged to provide from time to time such as Statements and AGM notifications. Sending these communications by email will assist the Credit Union in reducing its carbon footprint and its costs.

These are the preferences that you have selected.

e-Statements

e-AGM

Applicant's  
Signature

Date

  /   /    

Please note that we maintain the right to contact members by such means as best available to us in relation to a non-performing loan or outstanding debt due to the credit union, including by text or email.

### Member Identification

OFFICE USE ONLY

Identification Type	ExpiryDate	Copy Attached
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### Your Marketing Preferences

As part of improving our services to you, from time to time we would like to inform you of goods, services, competitions and/or promotional offers available from us.

We may wish to contact you by different means when sending such marketing communications.

Please confirm, by signing below, the methods by which you have verbally consented to be contacted.

Marketing Consent	
Post	<input type="checkbox"/>
Email	<input type="checkbox"/>
Text	<input type="checkbox"/>
Telephone	<input type="checkbox"/>

There is no obligation to grant consent nor are there any consequences if you withhold consent.

Granting or withholding consent will have no effect on this application.

You may withdraw your consent at any time by contacting the Credit Union at , .

Applicant's Signature

Date

  /   /