

**HIGHLAND COMMUNITIES CREDIT UNION LTD. (FRN No: 213955)**  
 An Drochaid, Claggan, Fort William, PH33 6PH  
 Tel / Fax No: 01397 700 746  
 highlandcommunitescu.org.uk



**Member Number**

(Office to Complete)
CP –

**MEMBERSHIP APPLICATION (Complete in Block Capitals)**

**GENERAL DETAILS**

Title: ..... Surname: ..... Forename(s): .....

Date of Birth: ..... National Insurance Number: 

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Address: ..... Previous Address: *(required if resident less than 2 years)*  
 .....  
 .....  
 ..... Postcode: ..... Postcode: .....

Tel No: ..... Mob ..... E-mail .....

**FORM OF NOMINATION & DECLARATION**

Nominee(s) Name(s): .....

Address: ..... Postcode: .....

I, the undersigned:

- ◆ Nominate the above as the person(s) to whom there shall be transferred such property in Highland Communities Credit Union Ltd. as may be mine at the time of my death, whether in shares or otherwise.  
 (Please see website for further details)
- AND**
- ◆ I hereby apply for membership of, and agree to abide by the rules of, Highland Communities Credit Union Ltd. and declare that the information given by me on this form is true and correct to the best of my knowledge.

Signed by Applicant ..... Date: .....

Witnessed by (Please Print): ..... *(The Witness shall not be the person nominated)*

Signature of Witness ..... Date: .....

**COMPLETE AT COLLECTION POINT:- (REQUIRE 2 PROOFS OF IDENTIFICATION – SIGNATURE & RESIDENCE)**

Further checks may be carried out by the Credit Union to verify identity of applicant.

<b>BANK STATEMENT (RECENT)</b>	A/C No. ....	Date: .....
<b>UTILITY BILL (RECENT)</b>	Ref. No. ....	Date: .....
<b>DRIVING LICENCE (FULL)</b>	No. ....	Valid from ..... Expires .....
<b>BANK/BUILDING SOCIETY CARD</b>	No. ....	Valid from ..... Expires .....
<b>PASSPORT</b>	No. ....	Valid from ..... Expires .....
<b>OTHER _____</b>	No. ....	Valid from ..... Expires .....

Proposed & Verified by ..... Membership No ..... Date .....

Seconded by ..... Membership No ..... Date .....