

Haven Credit Union Ltd

Authorised and regulated by the Financial Services Authority
Reg No 213785



**AN ABCUL MEMBER
CREDIT UNION**

Application for Membership

To be completed in BLOCK CAPITALS and returned to:
19 Charles Street, Milford Haven, SA73 2AA
or to one of our collection points

Your Details									
Title	Mr		Mrs		Ms		Miss		Other (please specify)
Surname									
Forename(s)									
Home Address									
								Postcode	
Date Birth							N.I. Number		
Home Tel:					Mobile Tel:				
E mail Address									

All correspondence will be sent to this address unless you inform us otherwise.

Employer		Tel No:	
Employer's Address			

Where did you hear about Haven Credit Union?.....

As a requirement of our funding, we need to ask the following:

Do you have a bank account? Yes / No
Do you currently use that account? Yes / No

Please indicate below which best describes your situation:-

- Single person income less than £210 pw
- Single person with 1 child income less than £280 pw
- Single person with 2 children income less than £360 pw
- Single person with 3 children income less than £440 pw
- Single person with 4+ children income less than £510 pw
- Couple income less than £360 pw
- Couple with 1 child income less than £440 pw
- Couple with 2 children income less than £510 pw
- Couple with 3 children income less than £590 pw
- Couple with 4+ children income less than £670 pw
- None of the above

Income is made up of all net income received into a household per week, including all earned income; benefit income and tax credits, but excluding: Child Benefit, Disability Living Allowance, Attendance Allowance (regardless of whether it is paid in respect of an adult or a child), Mobility allowance (regardless of whether it is paid as cash or a Motability car), Housing Benefit, Council Tax Benefit, DWP funded mortgage interest payment.

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NOMINATION FORM (In case of death)

I _____
of (address) _____

A member of Haven Credit Union, hereby nominate:

A) _____
of (address) _____

Telephone Number _____

Relationship to member _____

B) _____
of (address) _____

Telephone Number _____

Relationship to member _____

as the person(s) to whom there shall be transferred at my decease such property in the Credit Union as may be mine at the time of my decease, whether in shares or otherwise.

Dated this the _____ day of _____ 20 _____

Members Signature: _____

Witness Signature: _____

Witness Address: _____

Please note the witness must be unrelated to the member and must not be one of the named beneficiaries.

Please remember to inform the Credit Union if your wishes, as stated on this form, change in any way.

For Office Use:
Received By:

Proof of Identification:

Address verification:

Approved By:

Membership Start Date:

Membership Number:

How did you hear about us?

Your Signature

Signed

Date

You will need to produce two forms of identity for your application to be accepted