

Social Enterprise

Faith Group

Unincorporated Association

Date of Inception or Incorporation

CORPORATE BODY APPLICATION

Membership	Number [.]	

All applicants must have a place of business in the area covered by First Choice Credit Union's Common Bond. If you are in any doubt about your eligibility or have difficulty completing this form please ask for assistance.

We wish to join First Choice Credit Union as a bona fide corporate body, partnership or unincorporated association with our nominated representative as detailed overleaf. We understand that we are bound by the rules of First Choice Credit Union and legislation and regulation relating to credit unions and their operation.

Name of Organisation/Corporate Bo	ody:			
Address:		Tel No		
		Email		
Postcode:				
Partnership / Corporate Body / Unir	corporate	ed Association (please delete as		
appropriate)	-	·		
Details of Nominated Representative	re:	(where all correspondence will be sent)		
Title: Mr / Mrs / Miss / Ms / Other -				
Surname:		Date of Birth: / /		
Forename(s):		Tel. No:		
Address:		Mob. No:		
		Email:		
		N.I. No:		
Postcode:				
Is your organisation?		ase provide		
Limited Company	Co F	Reg No		
Partnership				
Industrial & Provident Society	Reg No			
Charity	Reg No			

Please sign and	date below		

First Choice Credit Union Ltd retains member's personal information under the General Data Protection Regulation

Name		Name				
Number of Signature	es Req	uired to	authorise tra	nsaction	s on account:	
* A II	0.5	*00.4	o f			
*All	or	*any	of	*delete	e as applicable	
Account Signatories	}					
Name:			Name:			
Signature:			Signature:			
Name:			Name:			
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Please Complete for	ALL sig	gnatories	3 :			
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Signatory Details						
Name			_			
Address						

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Postcode					
Date of Birth					
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Signatory Details Name					
Address					
71001033					
Postcode					
Date of Birth					
NI Number					
NOMINATION OF	PENEEICIADV				
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named.					
Transferred, at my	the Corporate Body below, to whom there shall be decease, such property in First Choice Credit Union as may of my decease, whether in shares or otherwise.				
Name of Company					
ii. For Unincorporated Groups or Partnerships the beneficiary is as named below I hereby nominate the person/company/group below, to whom shall be transferred at my decease such property in First Choice Credit Union as may be mine at the time of my decease, whether in shares or otherwise.					
Nominee's Name					
Address					
	Post Code				
Telephone Number	Email				
Relationship to Cor	mpany				

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Received by FCCU Representative _	
Date:	

For Office Use Only	Document ID		
Minutes of meeting where signatories authorised			
Personal ID Indicate Source Document i.e Driving Licence, Wage Slip, NI Card, Pensions letter etc	Name & Address	Date of Birth	National Insurance Number
Signature 1			
Signature 2			
Signature 3			
Signature 4			

