

Forres Area Credit Union

Serving all of Moray and Nairn



53 High Street
FORRES
Moray
IV36 1PB

01309 676735

info@forres-cu.co.uk

www.forresareacreditunion.co.uk

APPLICATION FOR GROUP MEMBERSHIP

Group memberships will be charged as follows:

Membership Fee (One of payment, non-returnable):	£10
Annual Membership Fee:	£ 5

Fees: £.50p per cheque paid to group
 £.50 per payment made through BACS transfer

Name of Organisation:

Account Number:

A minimum of two signatories required with I.D for each

Application for Corporate Membership

To be completed in BLOCK CAPITALS

Forres Area Credit Union
138 High Street
FORRES
IV36 1NP

Corporate Account Definition and Requirements

Confirming and verifying identification of individuals

In common with other financial institutions we require validation and identification of all signatories to the account. Individuals representing organisations will be required to produce identification documents giving proof of name, date of birth and address in accordance with the credit union's normal identification requirements for individual members. In addition we will require details of all shareholders, directors or beneficial owners holding more than 25% of shares in the organisation who are NOT signatories.

To assist in identification and verification and to prevent fraud and money laundering we may use your information to search the Electoral Register and in searches with fraud prevention agencies. The agencies used would retain your information for 12 months regardless of whether this application is successful or not.

By completing this form you are deemed to agree to any additional verification procedures.

To verify you as a bone fide organisation we also require the following:

Incorporated organisations

A private limited company limited by shares or by guarantee.
A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

A public limited company limited by shares or by guarantee.
A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

A limited partnership
A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

A limited liability partnership (LLPs)
A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

A Community Interest Company (CIC)
A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

A Right-to-manage (RTM) company
A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

A credit union
A copy of the Registration Certificates and Rules

An incorporated Industrial & Provident Society
A copy of the Registration Certificates and Rules

A Friendly Society
A copy of the Registration Certificates and Rules

A registered charity limited by guarantee or shares
A copy of the registration documents.

Unincorporated organisations

A sole trader
Two of: Current Business Letterhead or Company Letterhead, Inland Revenue Certificate, Recent utility bill or statement in the name of the Business for the Business Premises, Letter from an Accountant or Solicitor

An 'ordinary' partnership
Two of: Current Business Letterhead or Company Letterhead, Inland Revenue Certificate, Recent utility bill or statement in the name of the Business for the Business Premises, Letter from an Accountant or Solicitor

A credit union study group
*A copy of the constitution
A list of officers*

A trust
*A copy of the Trust Deed.
A list of trustees*

A project group
*A copy of the constitution
A list of officers*

A club, society or association
*A copy of the constitution
A list of officers*

An unincorporated charity
*A copy of the constitution
A list of officers*

Section A: Information about your organisation

Full name of Organisation – as shown on your governing documents

Key contact for communications – Full name

Correspondence Address:

Address 1

Address 2

Town

County Postcode

Daytime Telephone **Mobile**

Email **Website**

Registered Address: If this is the same as your correspondence address then you do not have to complete the registered address details

Address 1

Address 2

Town

County Postcode

Legal Status please confirm the status of your organisation by ticking one of these boxes:

Company registered in England & Wales pursuant to the Companies Act	<input type="checkbox"/>	Company registered in Scotland pursuant to the Companies Act	<input type="checkbox"/>
Industrial & Provident Society	<input type="checkbox"/>	Unincorporated organisation	<input type="checkbox"/>
Charitable Incorporated Organisation (CIO)	<input type="checkbox"/>	Charity registered in Great Britain	<input type="checkbox"/>

Other (please specify)

Does your organisation have a governing or regulatory body? – if yes state which

If your organisation is a company incorporated to the Companies Act please provide company registration number

If your organisation is an Industrial & Provident Society please provide company registration number

If your organisation is a registered Charity please provide charity registration number

If your organisation is regulated by the FSA please provide your Firm Reference Number (FRN)

When was your organisation established?

What does your organisation do?

Please give details of the main activity for your organisation

Section B: Information about the person acting as the authority on behalf of your organisation*

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initial	<input type="text"/>
Surname	<input type="text"/>				
Position in organisation	<input type="text"/>		Time with organisation	<input type="text"/>	
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
Town	<input type="text"/>				
County	<input type="text"/>			Postcode	<input type="text"/>
Daytime Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>		How long at the current address?	<input type="text"/>	
Date of Birth	<input type="text"/>	National Insurance No:	<input type="text"/>		

Are you a member of this credit union as an individual?

If yes please give membership number.

*If you are an incorporated body this person will be known as the *Corporate Representative*. If you are an unincorporated association or unincorporated partnership this person will be known as the *Designated Representative*.

Usual Signature

Section B: Information about second authorised signatory (not applicable to a sole trader)

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initial	<input type="text"/>
Surname	<input type="text"/>				
Position in organisation	<input type="text"/>		Time with organisation	<input type="text"/>	
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
Town	<input type="text"/>				
County	<input type="text"/>			Postcode	<input type="text"/>
Daytime Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>		How long at the current address?	<input type="text"/>	
Date of Birth	<input type="text"/>	National Insurance No:	<input type="text"/>		

Are you a member of this credit union as an individual?

If yes please give membership number.

Usual Signature

HOW THE CREDIT UNION WILL USE AND SHARE YOUR INFORMATION

This credit union will process your data in accordance with your rights under the Data Protection Act 1998.

Your information may be processed by this credit union in any form and on any database used by us for the following purposes:

- to consider any applications made by you;
- to help us to make credit decisions about you and anyone to whom you are linked financially or other members of your household;
- to deal with your account(s) or run any other services we provide to you;
- to undertake statistical analysis, financial risk assessment, money laundering checks (which may include telephoning you), compliance and regulatory reporting, fraud prevention and debt tracing;

You do agree that we can forward any newsletter, statement message, new terms and conditions or information about any changes to the way your account(s) operate

Section C: Resolution

To Forres Area Credit Union

We confirm that at a properly convened meeting it was resolved that:

1. We wish to open an account with the credit union and in doing so agree to abide by the social objects, rules, policies and procedures of the credit union.
2. The individual/s representing our organisation have completed all required personal details and provided identification documents according to the requirements of the credit union.
3. The credit union can rely on the appointed representatives until it receives written confirmation of changes to representatives.
4. To provide the credit union with the following documents as indicated below.

Supporting documentation

All limited companies including partnerships or registered charities limited by guarantee or shares including credit unions and co-operatives registered as Industrial & Provident Societies.

A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association, or if an Industrial & Provident Society a copy of the Registration Certificates and Rules. If a registered charity a copy of the registration documents.

Trusts

A copy of the Trust Deed.

Unincorporated bodies, unincorporated charities, societies, clubs, community groups

A copy of the constitution

All organisations

Identification documents of individual signatories

Declaration (two signatures required)

We hereby certify that the above Resolution is a true copy of the resolution passed at the meeting held on (date)

On behalf of the governing body

Title Forename Middle Initial

Surname

Position in organisation Date of signature

Usual Signature

On behalf of the governing body

Title Forename Middle Initial

Surname

Position in organisation Date of signature

Usual Signature

The above authorisation requires signatures of e.g. 2 signatures of 3

Supplemental Information – Anti Money Laundering guidance requires that we obtain details of all shareholders, directors or beneficial owners holding more than 25% of shares in the organisation **who are NOT signatories**. Please complete details below. If you need more space please copy this page.

Section D: Supplemental information #1

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initial	<input type="text"/>
Surname	<input type="text"/>				
Position in organisation	<input type="text"/>	Time with organisation	<input type="text"/>		
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
Town	<input type="text"/>				
County	<input type="text"/>	Postcode	<input type="text"/>		
Daytime Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>	How long at the current address?	<input type="text"/>		
Date of Birth	<input type="text"/>	National Insurance No:	<input type="text"/>		
Are you a member of this credit union as an individual? If yes please give membership number.		<input type="text"/>			
Usual Signature		<input type="text"/>			

Section D: Supplemental information #1

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initial	<input type="text"/>
Surname	<input type="text"/>				
Position in organisation	<input type="text"/>	Time with organisation	<input type="text"/>		
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
Town	<input type="text"/>				
County	<input type="text"/>	Postcode	<input type="text"/>		
Daytime Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>	How long at the current address?	<input type="text"/>		
Date of Birth	<input type="text"/>	National Insurance No:	<input type="text"/>		
Are you a member of this credit union as an individual? If yes please give membership number.		<input type="text"/>			
Usual Signature		<input type="text"/>			

Credit Union information:

For Office Use:

Received By:

ID Proof:

Signatory 1

Signatory 2

Approved By:

Membership Start Date:

Membership Number: