



Kingdom Credit Union Limited

MAIN STREET, METHILHILL, FIFE KY8 2DP

Application for Membership

Name (PRINTED IN FULL) Acc. No.

Address Date

..... Tel. No.

Landlord / Housing Association

Previous Names

Post Code Mobile

Occupation Date of Birth

Name of Employer N.I. No.

Employer's Address

I wish to apply for membership of and agree to abide by the rules of Kingdom Credit Union.

Applicant's Signature *This application is accepted by the*

Committee.

Proposed by(Signature) *Chairperson's Signature*

.....(Account No.)

Seconded by(Signature)

.....(Account No.) *Date*

Are you, or have you ever been, a member of another Credit Union?

YES

NO

If YES, give details

.....

NOMINATION OF BENEFICIARY

Name of Beneficiary

Relationship of Beneficiary to Member

Address of Beneficiary

I, being a member of Kingdom Credit Union Ltd., nominate the above named as my beneficiary, to receive any money due under the Life Insurance Terms and Savings Plan of the Credit Union, providing I have fulfilled any outstanding loan agreement. I reserve the right to change the Beneficiary I have named here.

Member's Signature

Witnessed by

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Firm Reference Number 231896

Data Protection Statement: In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purposes of managing your accounts with the Credit Union. Your personal details will be treated confidentially and will only be shared with other agencies for the purposes of credit referencing, debt recovery and fraud prevention.