

**Membership
 Number**

Membership Application Form

Title.....
 Surname.....
 First Name.....
 Middle name.....
 Address.....

 Postcode.....
 Telephone No.....
 Email.....
 Date of Birth.....

Security Questions

Password.....
 Reminder Question

 Mothers Maiden Name.....

Employment Details

Employer.....
 Job Title.....
 Address.....

 Postcode.....
 Telephone.....

Beneficiary

CU Membership no (if a member)
 Name.....
 Address.....

 Post Code.....
 Telephone.....
 Relationship to you.....

We ask for your Beneficiary (Next of Kin) details because your Credit Union savings are insured, at no cost to our members (subject to conditions). In the event of your death; this person would receive the balance of your account. Term's & conditions apply.

I, (the applicant) of the above address, as a member of Walsave Credit Union Ltd hereby nominate my beneficiary to whom there shall be transferred such property in the credit union (whether in shares or loans, including Life Insurance Plan) that may be mine at the time of death. I understand that the maximum amount provided for under nomination is £5000.00 and any residual balance in my account shall be paid to my legal Personal Representative(s)

Signature of Applicant

Signature of Witness

Date of Signatures

Identification documents seen Inits: **ID Witnessed:**

I can confirm that I read the FSCS information in Annex 1 regarding the eligible deposits and have received a copy with the additional information at the time of opening the account Please tick to confirm

Declarations

I apply for membership of and agree to abide by the rules of Walsave Credit Union Ltd. The information given by me on this form is true and correct to the best of my knowledge and belief. The Credit Union is an authorised Data Controller under the provisions of the Data Protection Act, 2018.

The above has been read to me and I understand how the Credit Union operates.

Signature of Applicant

Signature of Witness

Date of Signatures

INFORMATION SHEET

(CHAPTER 16)

Basic information about the protection of your eligible deposits	
Eligible deposits in Walsave Credit Union Ltd are protected by:	the Financial Services Compensation Scheme ("FSCS") ¹
Limit of protection:	£120,000 per depositor per bank / building society / credit union ²
If you have more eligible deposits at the same bank / building society / credit union:	All your eligible deposits at the same bank / building society / credit union are "aggregated" and the total is subject to the limit of £120,000. ²
If you have a joint account with other person(s):	The limit of £120,000 applies to each depositor separately. ³
Reimbursement period in case of bank, building society or credit union's failure:	20 working days ⁴
Currency of reimbursement:	Pound sterling (GBP, £) or, for branches of UK banks operating in other EEA Member States, the currency of that State.
To contact Walsave Credit Union Ltd for enquiries relating to your account:	Walsave Credit Union Ltd 181 High Street Bloxwich WS3 3LH 01922 661059 www.walsave.com
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House 15 St Botolph Street London EC3A 7QU
More information:	http://www.fscs.org.uk
Acknowledgement of receipt by the depositor:	

Please Tick this box if you **DO NOT** want to receive Walsave promotional news and leaflets via Post and/or Email. Your details will NOT be given to any Third Party.

Signature of Applicant:

Date:

Tax Residency Self- Certification Form (please complete)

Full Name:	
Date of Birth:	
Current Residential Address:	
Country(ies) of Tax Residence:	
Tax Identification Number(s) (TIN) for each country (e.g. UK: National Insurance Number, US: Social Security Number, where applicable):	

Declaration

"I certify that the information provided is true, correct, and complete

Signature and Date