

In line with the Data Protection Act and to ensure we have accurate and up to date information in our files, please indicate below ANY CHANGES

Your Member number is

First name _____ Last name _____

(If changed) Surname/ Family name was _____ changed due to _____

Address _____ is

now: _____

Home phone number _____ E-mail _____

Status: * Employee / Retired / Housekeeper / Other (please specify): _____

Employer: _____ Department _____

Work address: _____

_____ Work phone number _____

Can we contact you at work? _____ Extension number _____ E-mail _____

Where should we send your post to: * home / work / other (please specify) * Delete as applicable

Information will be treated confidentially and will not be passed to any other organisation.

NB: INFORMATION PROVIDED BY YOU MAY BE USED TO INFORM YOU ABOUT PRODUCTS AND SERVICES OFFERED BY THE CREDIT UNION THAT WE THINK MAY BE OF INTEREST TO YOU, IF YOU DO NOT WISH TO RECEIVE THIS INFORMATION PLEASE PLACE A TICK HERE:

In the event of my death, I **nominate** the following person/organisation to whom there shall be transferred such property in the Credit Union as may be mine at the time of my death, whether in shares or otherwise:

Nominee Name(s) and address, phone no _____

_____ Relationship _____

Witness Signature _____ Name and address (please print) _____

(The Witness shall not be the nominee) Date _____

Change of Information