

Membership Application Form

Personal Details

Title: _____ D O B: _____

Surname: _____

Previous Name/s: _____

First Name/s: _____

Address: _____

_____ Postcode: _____

Telephone Number: _____

Mobile Number: _____

E-mail: _____

National Insurance Number: _____

for office use only:

Date Received: _____

Member No. _____

Method of Saving: _____

If employed, then please fill in the box below:

Employer's Name: _____ Telephone no: _____

Address: _____

How did you hear about Harlowsave? _____

- ✓ I confirm that the information on this application form is true and correct.
- ✓ I hereby apply for membership of Harlowsave Credit Union Limited.
- ✓ I agree to pay the membership fee of £5.00, plus £1.00 to activate my account.
- ✓ I agree to save regularly at the rate of £20 per month if employed. Working up to 16 hours per week or without employment at the rate of £10 per month.

Signature: _____ Date: _____

Life Insurance Nomination

In the event of your death, to whom do you wish your savings to be left to?

I _____ hereby nominate: _____

Address of person nominated: _____

_____ Postcode: _____

Relationship to Member: _____ Signature of Member: _____

Witnessed by (not by nominated person): _____

Signature of Witness: _____ Date: _____

Would you like Harlowsave to arrange for you a one-to-one Money Management session?
YES / NO please circle your response

Please return this form with **photo proof of ID and address**, and if applicable, together with your completed **Standing Order Mandate** or **Payroll Deduction Mandate**. Thank you.