

APPLICATION FOR CORPORATE MEMBERSHIP

THIS APPLICATION IS TO BE COMPLETED IN BLOCK CAPITALS

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

SOLWAY CREDIT UNION
THE HUB
24-26 FRIARS VENNEL
DUMFRIES
DG1 2RL

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	Unincorporated organisations
<p>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</p> <p>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</p> <p>A limited partnership A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association</p> <p>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</p> <p>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</p> <p>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</p> <p>A credit union A copy of the Registration Certificates and Rules</p> <p>An incorporated Industrial & Provident Society A copy of the Registration Certificates and Rules</p> <p>A Friendly Society A copy of the Registration Certificates and Rules</p> <p>A registered charity limited by guarantee or shares A copy of the registration documents.</p>	<p>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</p> <p>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</p> <p>A credit union study group A copy of the constitution A list of officers</p> <p>A trust A copy of the Trust Deed. A list of trustees</p> <p>A project group A copy of the constitution A list of officers</p> <p>A club, society or association A copy of the constitution A list of officers</p> <p>An unincorporated charity A copy of the constitution A list of officers</p>

SECTION A: ABOUT YOUR ORGANISATION	
Full name of organisation (As shown on governing documents):	
Key contact for communications (Full name):	
Current address:	
Town:	Postcode:
Daytime contact number:	Mobile:
Email:	
Website address:	
REGISTERED ADDRESS (if this is the same as correspondence address, you don't need to complete this)	
Address 1:	
Address 2:	
Town:	Postcode:

LEGAL STATUS please confirm the status of your organisation by ticking one of these boxes:

- | | | | |
|--|--------------------------|--|--------------------------|
| Company registered in England and Wales | <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 so, state which):
If your organisation is a company incorporated to the Companies Act, please provide your company registration number:
If your organisation is an Industrial & Provident Society, please provide your company registration number:
If your organisation is a registered charity, please provide your charity registration number:
If your organisation is regulated by the FSA, please provide your Firm Reference Number (FRN):
When was your organisation established?

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:	Forename:	Middle Initial:
Surname:		
Position in organisation:	Time with organisation:	
Address 1:		
Address 2:		
Town:	Postcode:	
Daytime contact number:	Mobile:	
Email:	How long at current address:	
Date of birth:	National Insurance No:	
Are you a member of this credit union as an individual? (If yes, please give your membership number):		

*If you are an incorporated body, this person will be known as the <i>Corporate Representative</i> . If you are an unincorporated association or unincorporated partnership, this person will be known as the <i>Designated Representative</i> .	Usual signature:
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SECTION B: INFORMATION ABOUT SECOND AUTHORISED SIGNATORY (NOT APPLICABLE TO A SOLE TRADER)

Title:	Forename:	Middle Initial:
Surname:		
Position in organisation:	Time with organisation:	
Address 1:		
Address 2:		
Town:	Postcode:	
Daytime contact number:	Mobile:	
Email:	How long at current address:	
Date of birth:	National Insurance No:	
Are you a member of this credit union as an individual? (If yes, please give your 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;
- to help us identify products and services which may be of interest to you (unless you have asked us not to);

Please tick this box if you would like to be contacted for marketing purposes

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 SOLWAY 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

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:
Signature:		

ON BEHALF OF THE GOVERNING BODY

Title:	Forename:	Middle Initial:
Surname:		
Position in organisation:		Date of signature:
Signature:		

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 the details below. If you need more space, please copy this page:

SECTION D: SUPPLEMENTAL INFORMATION #1

Title:	Forename:	Middle Initial:
Surname:		
Position in organisation:		Time with organisation:
Address 1:		
Address 2:		
Town:	Postcode:	
Daytime contact number:	Mobile:	
Email:	How long at current address:	
Date of birth:	National Insurance No:	
Are you a member of this credit union as an individual? If yes, please state your membership number:	Usual signature:	

SECTION D: SUPPLEMENTAL INFORMATION #2

Title:	Forename:	Middle initial:
Surname:		
Position in organization :		Time with organisation:
Address 1:		
Address 2:		
Town:	Postcode:	
Daytime contact number:	Mobile:	
Email:	How long at current address:	
Date of birth:	National Insurance No:	
Are you a member of this credit union as an individual? If yes, please state your membership number:	Usual signature:	

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THE HUB
24-26 FRIARS VENNEL
DUMFRIES
DG1 2RL

FOR OFFICE USE:

Received by:

ID proof:

Signatory 1:

Signatory 2:

Approved by:

Membership start date: