

The Hub
24 – 26 Friars Vennel
Dumfries
DG1 2RL

Opening Times
Tuesday 9.00am – 5.00pm (closed 1.00pm – 2.00pm)
Thursday 9.00am – 1.00pm
Friday 9.00am – 1.00pm

Tel: 01387 267200
Email: info@solwaycreditunion.co.uk
Web: www.solwaycreditunion.co.uk

Volunteering – Your Credit Union Needs YOU!

We are always looking for members to help run the credit union. Please let us know if you have any time to spare and if you have any particular skills you can bring. Remember, we are run by our members for our members!

I would like to be a Volunteer: Yes / No / Maybe

Skills I can bring are:

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 213901

Your eligible deposits are protected up to a total of £75,000 by the Financial Services Compensation Scheme, the UK's deposit protection scheme. Any deposits you hold above the £75,000 limit are not covered. Please ask for further information or visit

www.fscs.org.uk



Application for Membership

Mr / Mrs / Miss / Ms

Surname _____

Forename(s) _____

Address _____

Postcode _____ **Date of Birth** _____

(Please provide Proof of ID and Current Address. Ask at CU office for details)

I am a UK Resident for tax purposes: **Yes / No**

If **No**: Country of Residence for Tax Tax ID No. or tick box if unavailable

_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Tel No. (Home) _____ **Mob** _____

Email _____

National Insurance Number _____

I hereby apply for membership of Solway Credit Union and agree to abide by the rules of Solway Credit Union. I declare that the information given by me on this form is true and correct to the best of my knowledge and belief. I have received, read and understood the FSCS Information Sheet regarding the deposit protection scheme.

Applicant's signature _____ **Date** _____

Please fill in Form A overleaf. If you wish to save via Payroll Deduction please also fill in Form B. Savings can also be made by Paypoint Card or Standing Order. Please ask if you need one.

Form A Nomination of Beneficiary

I, (full name) _____

Of (address) _____

_____ **Postcode** _____

As a prospective member of Solway Credit Union hereby nominate

(Name of Beneficiary) _____

Of (address) _____

_____ **Postcode** _____

Relationship to prospective member _____

As the person to whom there shall be transferred at my decease such property in the credit union as may be mine at the time of my decease, whether in shares or otherwise, should my application for membership be successful.

Signed _____ **Date** _____

Witnessed _____ **Date** _____

For Office Use Only

Photocopies of ID _____
Accepted / Declined for membership on _____
Membership Number _____

Form B Payroll Deduction Order

(Please contact Solway Credit Union to ensure that your employer accepts Payroll Deduction)

To the Payroll Department

(name of employer) _____

Please commence deductions of £ _____ per week/month from my wage / salary in favour of Solway Credit Union Ltd.

Deductions are to commence from the first available pay date and shall remain in effect until such time as I give notice of any changes in writing to Solway Credit Union.

Name _____

Payroll Number _____

Place of Employment _____

Signed _____ **Date** _____

For Office Use Only

Deduction Code _____
Deduction Ref _____
Input Week/Month _____