

Application Form

Please complete this form using clear block capitals using a ball point pen. Fields marked with an * are mandatory.

CREDIT UNION DETAILS					
SOLWAY CREDIT UNION THE HUB 24-26 FRIARS VENNEL DUMFRIES DG1 2RL					
Member Details					
Title: *		Gender:*		Date of birth: *	(dd/mm/yyyy)
First name: *		Initial(s):		Last name: *	
Home phone:				Mobile phone:*	
Address: *					
Postcode: *		Time at address: *		(Years)	(Months)
Email address:					
Previous address if less than 12 months					
Address					
Postcode:		Time at address:		(Years)	(Months)
Member Agreement					
Please print your name: *					
Your signature: *				Date*:	
FOR COMPLETION BY SOLWAY CREDIT UNION'S AUTHORISED SIGNATORY					
<i>Remember to enter the Promotional Code (SOLWAY1/2) on all card applications where applicable</i>					
Name of authorising signatory:			Signature:		
Membership Number/Reference Number:			Date:		
*Documents checked and verified by SOLWAY CREDIT UNION:					
*These documents are available to Contis Group on request.					

Your Visa Engage card will be issued by Contis Financial Services Ltd who is authorised by the Financial Services Authority to issue e-money (Firm Reference Number: 900025) and is a member of Visa.

Please note that Engage prepaid card is an electronic money product and although it is a product regulated by the Financial Services Authority, it is not covered by the Financial Services Compensation Scheme. We ensure that any funds received by you are held in a segregated account so that in the unlikely event that Contis Financial Services Ltd becomes insolvent your funds will be protected against claims made by creditors.

Credit Union Membership Application

Full Name					
National Insurance Number					

Declaration

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.

If accepted, I appoint Solway Credit Union Ltd as Trustee, to collect on my behalf my Universal Credit benefit and distribute it in accordance with my instructions including payment to my Registered Social Landlord before making the remaining balance available to me on a prepaid engage classic card

Please pay a sum equal to the Housing Cost element of my Universal Credit to my landlord. I understand that I will be responsible for making up any shortfall in the rent payment.	Yes	No
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Tenancy Reference Number			
Name of Landlord			
Amount of Universal Credit (if known)	£	per month	Amount of Rent (if known)
			£
			per month

Signature		Date	
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Savings can also be made by Paypoint card. Please order me one.	YES	NO
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Nomination of Beneficiary

I hereby nominate the individual detailed below 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.

Full Name of Beneficiary	
Address of Beneficiary	
Relationship to Prospective Member	

Member Signature		Date	
Witness Signature		Date	