

## Membership application

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Telephone Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please give employer details if you work but don't live in County Durham, Northumberland or Tyne & Wear:

Name of Employer: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Account Name: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Nomination of Beneficiary:

In the event of my death I hereby nominate the person named below to receive any benefits arising from my NEFirst Credit Union accounts.

Note: Nominations will be considered on death of the member, but they are not legally binding

Beneficiary Name: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

Beneficiary E-mail: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ (must not be beneficiary named above)

### Declaration and BACS Authority:

I hereby apply for membership of and agree to abide by the rules of NEFirst Credit Union Ltd. I declare that all the information given by me on this form is true to the best of my knowledge.

I authorise NEFirst Credit Union to make transfers to my above Bank Account in accordance with separate instructions forwarded to the Credit Union. I confirm that I will not hold NEFirst Credit Union liable for any consequential loss which may arise in delays in the transmission of funds to my bank account and will immediately advise the Credit Union of any changes to my bank account details. This authority shall continue until notice is given in writing to the Credit Union.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STANLEY OFFICE  
57-61 Lenin Terrace  
Stanley  
County Durham  
DH9 6LW

Over 95 Local Service Points

Tel: 0330 055 3666  
Web: [www.nefirstcu.co.uk](http://www.nefirstcu.co.uk)



## Privacy Statement

NEFirst Credit Union is committed to protecting our members' privacy. In accordance with the General Data Protection Regulation (GDPR) requirements, we may process, store and share your personal data for reasons including setting up and managing your account(s) with us, and fulfilling our legal obligations.

**Our Privacy Notice sets out the lawful basis and specified purpose on which any personal data we collect from you, or that you provide to us, will be processed by us. It also sets out your rights under GDPR.**

If you would like to read the full details of how your personal data may be used, our Privacy Notice can be accessed via our website [www.nefirstcu.co.uk](http://www.nefirstcu.co.uk) or by calling us on 0330 0553666.

## Marketing Preferences:

We'd love to send you our regular communications, including the latest news about the credit union and exclusive offers. You can choose to be contacted by email, post and text message below:

- Yes please – Email me the credit union communications and news
- Yes please – Send me the credit union communications and news in the post
- Yes please – Text me details of the credit union communications and news
- No thank you – I don't want to receive any credit union communications or news

You can trust us

Our credit union does not pass on our members' contact information without their permission. To read our full Privacy Notice, please visit our website [www.nefirstcu.co.uk](http://www.nefirstcu.co.uk) or call us on 0330 0553666.

If at any point you want to change or withdraw your communications preferences, please contact us on 0330 0553666 or [info@nefirstcu.co.uk](mailto:info@nefirstcu.co.uk)

**Please return this form to any of our local service points or offices, or post to: NEFirst Credit Union, 57-61 Lenin Terrace, Stanley, DH9 6LW**

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*For Office Use Only*

Evidence of name: \_\_\_\_\_ Evidence of Address: \_\_\_\_\_ Evidence of D.O.B: \_\_\_\_\_

Evidence provided (please underline): Passport          Driver's License          Official letter on headed paper

Passport number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_ Letter Origin: \_\_\_\_\_

Passport Expiry Date: \_\_\_\_\_ Driver's license date: \_\_\_\_\_ Letter dated: \_\_\_\_\_

ID&V Search requested? Y/N    Refer to MLRO: Y/N

Verified by: \_\_\_\_\_

Role and location of verifier: \_\_\_\_\_

Date verified: \_\_\_\_\_