



TAXI TRADE CREDIT UNION

MEMBERSHIP APPLICATION

PHOTO

Please Note that the Data Protection Act covers any personal information that you provide us with. We will *NOT* disclose any information about you to any other party without your prior consent.

PERSONAL DETAILS

Title Mr / Mrs / Miss / Ms / Dr

Surname _____

First Name _____

Middle name(s) _____

Address _____

 " _____

 " _____

Post Code _____

Contact Tel. No. _____

E-mail address _____

N.I. No. _____

Date of Birth / /

WORK DETAILS

Employer _____

Nature of employment _____

Position held _____

Address _____

 " _____

 " _____

Post Code _____

Plate No. _____

Trade Name _____

Call sign _____

(if applicable)

NEXT OF KIN DETAILS

Membership No. _____ (if applicable)

Surname _____

First Name _____

Address _____

 " _____

 " _____

 " _____

Post Code _____

Contact Tel. No. _____

Relationship to you _____

BANK DETAILS

Bank Name _____

Address _____

 " _____

 " _____

Post Code _____

A/C in the name of _____

Account No.

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Sort Code

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I hereby apply for membership of and agree to abide by the rules of the Taxi Trade Credit Union Limited and declare that the information given by me on this form is true and correct to the best of my knowledge and belief. Provide details of previous Credit Union Memberships.

Applicant Signature _____

Date / /

Proposed By _____

Seconded By _____

I, (the applicant) of the above address, as a member of the Taxi Trade Credit Union hereby nominate my next of kind of the above address as the person to whom there shall be transferred at my death, such property in the Credit Union as may be mine, at that time, whether in shares or otherwise.

Applicant Signature _____

Date / /

Witnessed by _____
(The witness shall NOT be the next of kin)

Date / /

| | | | | | | |
|--------------------------------|--|--|----------------|--|----|--|
| OFFICE USE ONLY | Common Bond Qualification Verification | I.D. shown (please state) | Membership No. | | | |
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