

5A Acceptable proof of your Identity and Address

The Credit Union is required to verify your identity and address when you open an account with us. The following documents are accepted as evidence of your IDENTITY:

- Current UK Passport
- Current photo driving licence, full or provisional
- Non UK passport with at least six months remaining AND a long/indefinite stay visa
- Current EEA Member State Identity Card
- Current shotgun or firearms certificate

Evidence of ADDRESS - original documents less than three months old, where applicable:

- Current utility bill (gas, electric or water)
- Landline telephone bill (BT, cable). Mobile phone bills are NOT acceptable
- Council Tax bill (if not used for proof of ID). This can be an annual statement
- Current letter of entitlement to benefits (if not used for proof of ID)
- Local Authority or Housing Association Tenancy Agreement

If none of the ID documents listed above is available, then you will need TWO of the following (Secondary ID) AND SEPARATE PROOF OF ADDRESS (see above):

- Original Benefits Letter (must be current)
- Original recent Council Tax bill
- Immigration Status Document after Nov 2009 ID card
- Current bank account or credit card statement (not a store card)
- Inland Revenue Notice of Coding

5B Terms and Conditions

See **Member Terms and Conditions** leaflet, also available on our website.

The terms and conditions contain important information about your membership of Lewisham Plus Credit Union Limited. They explain our obligations to you and your obligations to us.

Your membership agreement with us is contained with the terms and conditions and the Registered Rules of Lewisham Plus Credit Union Limited. There may also be additional terms and conditions that are specific to a particular account or facility. Details of additional terms will be made available to you on applying for the relevant account or facility and are also published on our web site for you to review prior to using our services.

5C Your Personal Information

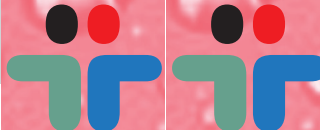
We will use the information you provide in this form, along with your proof of identity and address, to consider and process your membership application and to meet our legal obligations, which include confirming your identity. What we do, and how we use your personal information, is outlined in the accompanying leaflet **Managing Your Information - Privacy Notice Summary**, and in greater detail in the **Lewisham Plus Credit Union Privacy Notice** and the **Credit Reference Agency Information Notice** (see website or ask for a copy).

From time to time we may provide you with information about our products and services, or conduct market research. You can ask us to stop contacting you for these purposes at any time. If you do not want us to contact you about our products and services, or market research, please tick this box.



Lewisham + Bromley Credit Union

Registered at: 262 Kirkdale, Sydenham, London SE26 4RS. IP00295C FRN 213588
We also use the registered trading name Bromley Plus Credit Union. (v11/0518)



1A APPLICATION TO JOIN THE CREDIT UNION

No: _____

Title _____ First Name _____
Mr, Mrs, Miss, Ms, (other)

Middle Name(s) _____

Male Female Surname _____

Date of Birth (DD / MM / YY) / / Place of Birth _____

National Insurance No

Nationality _____

Marital Status _____ No of dependents _____

Previous name or alias _____

Choose a memorable name/password to use with your account (For security purposes) _____

Current Address _____

Postcode

Time at current address / Name of Landlord _____
Years Months

Residential status: Renting Living with parents Home owner (with mortgage) Home owner (no mortgage)

Tel _____ Mobile _____

Work _____ Email _____

If you have lived at your current address for **less than three years**, please fill in the details of your previous address:

Previous address _____

Postcode

Time at previous address / Landlord (if not a home owner) _____
Years Months

Return this form to: **Lewisham Plus Credit Union Limited,**
262 Kirkdale, Sydenham, London SE26 4RS, or to your local branch.
Tel: 020 8778 4738 Email: admin@pluscu.co.uk www.pluscu.co.uk

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority - Firm Reference 213588

2A Application for Membership

I hereby apply for membership of, and agree to abide by the rules of, Lewisham Plus 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.

Your Signature _____ Date _____

There is a non-returnable joining fee of **£3** for adults (16 or over). You must keep at least **£1** in your savings at all times to remain a member of the Credit Union.

Also complete section 3 (where applicable) and section 4. I acknowledge and accept the processing of my personal data as set out in section 5 of this form.

Money Laundering Regulations require us to check your address and identity when you become a Credit Union Member. If you hold a non-UK passport or were not born in the UK you must provide evidence of your right to stay, i.e. your visa and residency permit. Your original documents will be required as proof to confirm eligibility to live or work in the UK

2B Designation of Beneficiary

Name of Beneficiary _____
(include Title e.g. Mr, Mrs Miss Ms, other)

Beneficiary's Address _____

Postcode _____ Tel _____

Relationship to Member _____

Credit Union
Membership
No (if any)

In the events of my death I nominate the above named beneficiary as the person to whom shall be transferred such property (funds) in the the Credit Union as may be mine at the time of my death, whether in shares or otherwise.

Your Signature _____ Date _____

The beneficiary cannot sign as the witness

Witnessed by (Name) _____

Witness's Address _____

Witness Signature _____ Date _____

For Credit Union use only below this line

Evidence of Identity _____ Serial No _____
(e.g. Passport, Full UK Driving Licence, Credit or Debit Card)

Evidence of address _____ Serial No _____
(e.g. Rent card/book, Utility bill or official document less than 3 months old)

Evidence of employment _____ Serial No _____
E.g. Pay slips, contract of employment)

Passbook issued Loan requested Engage application Documents returned



3A Employment information for applicants working in Lewisham, Bromley or SE19

No: _____

Employer's Name _____

(Provide School or College name and address if you are a full time student)

Job Title _____ Payroll or Staff No: _____

Employer's Address _____

Postcode _____

Time with employer / Nature of business
Years Months (if self-employed)

Occupational Status: Employed full time: Employed part time: Self-employed:

House person: Unemployed: Retired: Student:

4A Financial Services Compensation Scheme

Eligible deposits in Lewisham Plus Credit Union are protected by the Financial Services Compensation Scheme. The limit of protection is £85,000 per depositor per credit union.

I acknowledge that I have received a copy of the **Financial Services Compensation Scheme Information Sheet** (Must be ticked to open account)

4B International Tax Regulations - Automatic Exchange of Information

The UK has entered into a global multilateral agreement on the exchange of tax information using the Common Reporting Standard (CRS). From 2016 participating countries will share information on financial services accounts for the purposes of tackling tax evasion.

EITHER: For the purposes of taxation, I am a resident or citizen only in the United Kingdom and not in any other country. **(Most applicants should tick this box).**

OR: For the purposes of taxation, I am also a resident or citizen in the following countries and my Tax Identification Number (TIN)/functional equivalent in each additional country is set out below, or a TIN/functional equivalent is unavailable.

Account Holder Country _____ Tax Identification Number (TIN) (tick the box if TIN is unavailable)

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I agree that I will inform The Credit Union in writing within 30 days if any tax residency certification on this form becomes incorrect.

Your Signature _____ Date _____

Please be aware that we are required to share this information with relevant tax authorities. Note: If you are a US citizen or tax resident of the US you are not required to declare this, as the US is not a participating country and we are exempt from US FATCA legislation.

You MUST complete at least sections 1, 2 and 4