

# Membership Account Application

Registered Office

6Towns Credit Union, Oldbury Municipal Buildings, Freeth Street, Oldbury, West Midlands. B69 2AB Tel: 0121 553 3110 • E-mail: [info@sixtowns.co.uk](mailto:info@sixtowns.co.uk) • [www.sixtowns.co.uk](http://www.sixtowns.co.uk)



**ALL SECTIONS ARE MANDATORY UNLESS OTHERWISE STATED**

## CONTACT DETAILS

Surname: ..... Mr/Mrs/Ms/Miss/Dr/Other: .....  
Forenames: ..... Other Known Names: .....  
Home Address: ..... First School: .....  
..... Marital Status:  Single  Married  Divorced  
.....  Separated  Widow  Cohabiting  Civil Partnership  
..... Place of Birth: ..... Date of Birth: .....  
Postcode: ..... N.I. No: .....  
Home Telephone: ..... Mobile: .....  
Work Telephone: ..... Email: .....  
Correspondence address if different from above : .....  
..... Postcode: .....

## CREDIT UNION ACCOUNT DETAILS

Tell us how you would like to start saving with 6Towns:

DWP Benefits  
*(You will need to provide the DWP with your 6Towns Current Account Sort-Code and Account number)*  
 Payroll Deduction  
*(If you are employed by a participating employer, please complete a payroll mandate)*

Standing Order  
*(You can only setup a standing order if you are an existing account holder, new members must wait until you receive your welcome letter)*  
 Cheque

**Remember :** You can set up new methods of depositing or make ad hoc deposits into your account at any time.

## YOUR EMPLOYMENT STATUS

Employed Full Time  Employed Part Time  Unemployed / On Benefits  
 Self-Employed  Temporary Employment  Retired

Employer Name and Address: .....  
..... Postcode: .....

## NOMINATED ALTERNATIVE CONTACT

*Provide contact details for an alternative contact, we may need to contact your nominee if we can't get hold of you.*

*In the event of your death, who do you nominate as your beneficiary to receive your Credit Union savings?*

Surname: ..... Mr/Mrs/Ms/Miss/Dr/Other: .....  
Forenames: ..... Your Relationship to the Nominee: .....  
Address of Nominee: ..... Home Telephone: .....  
..... Mobile: .....  
Postcode: .....

## PROVING YOUR IDENTITY

Before we can open an account for you we need to see TWO original documents. One is used to prove your identity; the other proves your address. One of which must include photo ID. For a list of acceptable forms of proof please refer to our **IDENTITY REQUIREMENTS TO OPEN A 6TOWNS ACCOUNT**, available from our office or online at [www.sixtowns.co.uk](http://www.sixtowns.co.uk)

Signature .....

Date .....

**HOW DO YOU DESCRIBE YOUR ETHNIC ORIGIN?** *This section is not mandatory*

White	Mixed	Asian/Asian British	Black/African/Caribbean	Other Ethnic Groups
<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British/Irish	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> African	<input type="checkbox"/> Arab
<input type="checkbox"/> Traveller Community	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other Ethnic Group
<input type="checkbox"/> Other White backgrounds	<input type="checkbox"/> White & Asian background	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Bangladeshi	
	<input type="checkbox"/> Other Mixed/Multiple Ethnic backgrounds	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Black/African/Caribbean	
		<input type="checkbox"/> Other Asian backgrounds		

**LIVING ARRANGEMENTS**

Living With Parents     
  Homeowner with Mortgage     
  Housing Association     
  Other

Council Tenant     
  Homeowner without Mortgage     
  Private Landlord Tenant

Private Landlord  
 Name: .....  
 Housing Association  
 Name: .....

**PREPAID CARD APPLICATION & MEMBER CONSENTS**

We will send you a separate application form for the Prepaid Card for you to complete. Please take time and carefully read the terms and conditions, please contact us if you do not understand anything before you sign.

You will usually receive your Prepaid Card in the post within 14 days after we receive your completed Prepaid Card application.

If you prefer not to have a Prepaid Card you can choose to solely manage your account online. You can also choose to have both the Prepaid Card and manage your account online by checking both options.

Prepaid Card *(you must hold an account with 6Towns in order to qualify for a Prepaid Card, charges apply)*  
 I would like to manage my account online *(we will send your login details to your e-mail address)*

**All members must hold a Main Account with 6Towns to qualify for membership. In addition to your Main Account which other account(s) would like to apply for?**

Remember not all accounts pay dividends, please read our Products Services and Internet Usage – General Terms and Conditions.

Priority Account *(Rent Payments)*     
  Christmas Savings Account     
  Savings Plus Account *(Individual Savings Account)*     
  Main Account only

**Data Protection Statement:** In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purposes of managing your accounts with 6Towns Credit Union. Your personal details will be treated confidentially and may be shared as outlined below. **Credit Reference Agencies (CRA) and Fraud Prevention Agencies (FPA):** We may make searches about you at CRA who will supply us with credit & Identity information as well as public information (including the Electoral Register). The CRA will record details of the search whether or not this application proceeds. 6Towns may also share your information as part of our debt recovery process.

You will also need to include your first deposit (at least £1)  Opt out for Marketing

*If you do not deposit at least £1.00 in your account within 6 weeks of receiving your welcome pack, 6Towns will close your account.*

I apply for membership of 6Towns Credit Union. I have read understood and agree to abide by its' rules.  
 I solemnly declare that the information I have provided is true, that it is of the same force and effect as if made under oath, and that it is freely given

Your Signature: ..... Date: .....

**\*OFFICE USE ONLY \***

Member/Applicant Photo ID obtained:       Q.C.  
 Card Applicant ID and Address Verified:      Signature: .....  
 CURT Processing by: ..... Date: .....  
 Signature: ..... Date: ..... Membership Number: .....