

## Confirming or Changing Your Information

### Personal Details

**Title** Mr Mrs Miss Ms \*please ring selection other \_\_\_\_\_ **Member number** \_\_\_\_\_

**First name** \_\_\_\_\_ **Other name(s)** \_\_\_\_\_

**Surname** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ \*dd/mm/year

**Nationality** \_\_\_\_\_ **N.I. Number** \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

### Addresses

### Phone Numbers

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Post code** \_\_\_\_\_

**E-mail** \_\_\_\_\_ @ \_\_\_\_\_

**Home** \_\_\_\_\_

**Mobile** \_\_\_\_\_

**Other** \_\_\_\_\_

### Employment Status

**Which of the following applies to you?** please circle any that apply

Employed\*

Self Employed

Retired

In receipt of benefit

**\*Employer's Name / Name of Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Other Details

**How do you usually pay into your Credit Union accounts?** \*tick all that apply

**Cash** PayPoint Card

**Cash** at Office

**Standing Order**

**Cheque**

**Payroll Deduction**

**Benefits** Direct Payment

Life Nomination

In the event of my death, I nominate the following person or organisation to whom there shall be transferred such property within the Credit Union belonging to me at the time of my death, whether in shares or otherwise:

**Nominee(s)**

**Name(s)** \_\_\_\_\_  
\_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone No.** \_\_\_\_\_

**Nominator/Member**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Witnessed By** \*the witness shall not be the nominee

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Passwording your Account

For an extra level of security on your account, please choose an account password:

**Password** \*must be a word of up to 8 characters

In the event of you forgetting your password, please write a reminder question:

**Reminder Question** \_\_\_\_\_

Signature

I confirm that all information on this form is true and correct.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Information you supply will be treated **confidentially** at all times and will not be passed to any other organisation. Thank you for your time in completing this form.

Please return to **Harlowsave Credit Union, The Central Library, Cross Street, Harlow. CM20 1HA**