

Refer a friend form

I give consent for Harlowsave Credit Union to contact me with regards to becoming a member and the use of this information for this purpose.

Name _____

Address _____

Post Code _____ Email address: _____

I understand that once the above named person completes an application form then saves with Harlowsave for ten weeks / three months, £5.00 will be deposited into my account.

This offer is only valid within 6 months of the member joining.

Signed _____

Print Name _____

Membership No _____

Please send this completed form to the Harlowsave Credit Union office and feel free to make as many blank copies as you wish.

Harlowsave purposes:

Date received in office: _____ Entered onto system: _____ Processed by: _____

Secure Savings | Ethical Investments | Low Cost Loans | Young Savers Accounts | Profit Sharing Dividends

Office: First Floor, The Central Library, Cross Street, Harlow CM20 1HA

Members' Line: 01279 451234 Email: admin@harlowsave.coop Web: www.harlowsave.coop

Opening hours: Monday 12.00– 14.00, Tues, Thurs, Fri 10.00-14.00, Closed Wednesdays and weekends.

Data Protection Statement: In accordance with data protection law, we will only use your personal information to fulfil a contract we have with you, or when it is our legal duty, or when it is in our legitimate interest, or when you consent to it. We promise to keep your data safe and private, not to sell your data and to give you the means to manage and review your marketing choices at any time. For further details see our online Privacy Policy at www.harlowsave.coop/privacy-policy/.