GROUP MEMBERSHIP APPLICATION

Main Office: Harlequin Court, 44a Windsor Road, Neath SA11 1LZ
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TERMS & CONDITIONS OF GROUP MEMBERSHIP

- A minimum of two signatories is required to open a group account with the Credit Union.
- Two signatories are required to authorise any withdrawal from the account at any time.
- All signatories are required to provide sufficient identification including;

Photographic Identification: *(Please provide one)*
> Valid Passport
> Current Driving Licence

Proof of address: *(Please provide one of the following,* ***MUST be dated within the last 3 months*** *)*
> Utility Bill *(not a mobile phone statement)*
> An Official Letter with your name and address *(e.g., Benefits Agency, HMRC, Local Authority/Housing Association, NHS)*
> Pay slips/P45/P60
> Bank/Building Society Statements/Credit Card Statement
> Mortgage/Rental Agreement
> Other forms of identification maybe accepted, please ask.

If you do not possess photographic identification, then you must provide THREE different official letters with your name and address on that are dated within the last 3 months

Proof of your National Insurance Number will be required. *(Any official document may contain this)*

- Group accounts are subject to an **Annual Service Fee of £10** that is deducted on the first working day in January each year.
- Any signatory may request a statement in person or by email at any time.
- Any change in authorised signatories, a **"Change of Signatory"** form will need to be completed, however;
a signatory may give written consent to remove themselves as a signatory on the account
- You will be required to provide a copy of your constitution and minutes of your meetting detailing the opening of an account with Celtic Credit Union. *(This may not be applicable to all applicants)*

ORGANISATION DETAILS *(Please complete in block capitals letters)*

Name of Organisation: (Company trading name)	
Registered Name: (If different)	
Nature/purpose of organisation:	
Date Organisation was formed:	
Companies Registered Office Number:	*(if applicable)*

ORGANISATION CONTACT DETAILS

Organisation trading address:	
(This is the address we will send all	
correspondence to unless otherwise instructed.)	
	Post Code:
Primary Contact Number:	
Primary Contact Email:	

(This will be the first point of contact we make if there is anything needed to be discussed relating to the account)

DETAILS OF SIGNATORIES AUTHORISED TO MAKE WITHDRAWALS

The following individuals are authorised to sign for withdrawals from the account and the signature of any **two signatories** shall be full and sufficient to discharge any or all monies withdrawn.

FIRST NAMED SIGNATORY

Title - Mr / Mrs / Ms / Other (Please specify)	
First Name:	
Surname:	
Position held:	
Address Line 1:	
Address Line 2:	
Address Line 3:	
Address Line 4:	
Post Code:	
Country of Residence:	
Date of Birth:	
Gender:	MALE / FEMALE
Nationality:	
Daytime Tel No.:	
Mobile Number:	
Email Address:	
NI Number:	

SECOND NAMED SIGNATORY

Title - Mr / Mrs / Ms / Other (Please specify)	
First Name:	
Surname:	
Position held:	
Address Line 1:	
Address Line 2:	
Address Line 3:	
Address Line 4:	
Post Code:	
Country of Residence:	
Date of Birth:	
Gender:	MALE / FEMALE
Nationality:	
Daytime Tel No.:	
Mobile No.:	
Email Address:	
NI Number:	

THIRD NAMED SIGNATORY

Title - Mr / Mrs / Ms / Other (Please specify)	
First Name:	
Surname:	
Position held:	
Address Line 1:	
Address Line 2:	
Address Line 3:	
Address Line 4:	
Post Code:	
Country of Residence:	
Date of Birth:	
Gender:	MALE / FEMALE
Nationality:	
Daytime Tel No.:	
Mobile Number:	
Email Address:	
NI Number:	

FOURTH NAMED SIGNATORY

Title - Mr / Mrs / Ms / Other (Please specify)	
First Name:	
Surname:	
Position held:	
Address Line 1:	
Address Line 2:	
Address Line 3:	
Address Line 4:	
Post Code:	
Country of Residence:	
Date of Birth:	
Gender:	MALE / FEMALE
Nationality:	
Daytime Tel No.:	
Mobile No.:	
Email Address:	
NI Number:	

DECLARATION

I/We hereby apply to open an account with Celtic Credit Union. I/We declare that all information provided on this form is true and correct to the best of my/our knowledge. I/We understand the Terms and Conditions of opening a Group Account with CCU. I/We understand that Celtic Credit Union will process my data in accordance with my rights under the Data Protection Act 1998 and GDPR May 2018.

HOW WE USE YOUR INFORMATION

We will use your personal data for the purposes of managing your accounts with the Credit Union. Your personal details will be treated confidentially and in accordance with our ***Privacy Policy*** *. Our Privacy Policy is available on request and online at www.celticcreditunion.co.uk/policies-and-procedures/*

☐ *By ticking this box, you will be indicating your consent to receiving product and service information by letter, phone or email from us and our partners.*

SIGNATURES OF AUTHORISED SIGNATORIES TO MAKE WITHDRAWALS

Signatory	Full Name	Position Held	Signatory Signature
1			
2			
3			
4			

FOR OFFICE USE ONLY

Membership Number: _____ **Date Opened:** _____

	Form Of Identity Produced	Serial No. / Reference	Original Document Produced	CCU Officer Initials
Organisation				
1st Signatory				
1st Signatory				
2nd Signatory				
2nd Signatory				
3rd Signatory				
3rd Signatory				
4th Signatory				
4th Signatory				