



Forest Savers Fund

Application for Membership

Membership No:					
Office use only:	<table border="1" style="border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20px;">J</td> <td style="width: 50px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">S</td> <td style="width: 50px; height: 20px;"></td> </tr> </table>	J		S	
J					
S					

Surname _____ Title _____

Forename(s) _____

Address _____

Postcode _____

Tel. No. _____

Date of Birth _____

National Insurance No. _____

I live within the common bond area Yes / No

I live outside of the common bond area Yes / No if Yes insert employer _____

If you have been or still are a member of another Credit Union please name the Union _____

I hereby apply for membership of and agree to abide by the rules of the above Credit Union, to allow my particulars to be stored on a computer retrieval system and declare that the information given by me on this form is true and correct to the best of my knowledge.

Applicant's Signature _____ Date ____/____/____

Entrance Fee £ _____

Initial Payment £ _____

I wish/do not wish to join the Christmas Savers Account. I understand that a portion of these savings will be paid into my Forest Savers Fund account.

I will save £ _____ per month

Please turn over and complete the nomination form overleaf

You must provide 2 proofs of personal identification (e.g. drivers licence, passport, family allowance book) and evidence of the place of residence (e.g. utility bill, Council Tax Bill). A signed letter by a Councillor or a professional person who has known you for a number of years is also acceptable.

Your preferred method of saving

Cash
 Standing Order
 Payroll Deduction
 Cheque

This section is completed by the Credit Union

Evidence of place of residence _____ Membership Officer/Cashier Signed _____	Personal Identification _____	Secret Identification Code Q. A.
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Note that information you supply may be recorded on computers and is subject to the provisions of the Data Protection Act, 1998. The information provided may also be shared with other organisations to prevent and detect fraud and money laundering activities. It may also be shared with other organisations necessary for insurance purposes.

In the event of my death, I nominate the following person as my beneficiary

I, _____

Address _____

Postcode _____

a member of the Forest Savers Fund hereby nominate

Address _____

Postcode _____

as the person to whom there shall be transferred at my decease such property in the Credit Union as may be mine at the time of my decease, whether in shares or otherwise.

Dated this the _____ day of _____ 20 _____

Special instructions (if any)

Members Signature _____

Name of Witness _____

Signature Witness _____

Address of Witness _____

Post code _____

The Witness shall not be the person nominated

Please return to Forest Savers Fund
Coleford Community Centre, Bank Street, Coleford, Glos. GL16 6BA
Registered Office - 11 St, John Street, Coleford, Glos. GL16 8AP
FSA Registration No. 673C