



MEMBERSHIP APPLICATION FORM



**GADIA
CO-OPERATIVE
CREDIT UNION**

Membership No.

Section 1: Contact Details

First Name(s): Surname:

Date of Birth: Nationality: Marital Status:

Address:

Length of time at present address:

Owner Private Tenant Mortgage With Parent Local Authority Other

If living at this address less than 3 years, please state previous address:

ID Type: ID No: Email

Contact Details: Mobile: Home: Work:

Please state the names of any other Credit Union of which you are, or have been, a member:

Section 2: Employment Details

Employment Type: Permanent Part-Time Self Employed Unemployed Student Retired

Employer Name:

Work Address:

Occupation: Length of time in current Employment:

Membership No.

Section 3: Form of Nomination

I, (Print Name)

Of (Print Address)

being a member of GADIA Co-operative Credit Union, hereby revoke all previous nominations and nominate the following person or persons:

Name	Address	Relationship	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

to become entitled to such property in the credit union (whether in savings, deposits, insurances or otherwise) not exceeding the limit of the amount for the time of being authorised by law which I may have at the time of my death.

The proceeds of Death Benefit Insurance (if any) may be applied by the credit union towards my vouched funeral / bereavement expenses and if not so applied, shall be paid to the person(s) referenced above.

I acknowledge receipt of the Nomination Information Sheet

Applicant Signature: Date:

Witness (Signature):

Witness (Print Name):

Address:

Occupation:

WITNESS SHALL NOT BE THE NOMINEE

Section 4: Legal Consents & Declarations

Receipt of obligatory notices by email

There are certain notices that credit unions are obliged to provide from time to time. Please provide your email address if you would like to receive these obligatory, non-marketing communications by email (for example notice of the Annual General Meeting). This will assist the Credit Union in reducing its carbon foot print and will reduce costs.

Email Address:

Please note that we maintain the right to contact members by such means as best available to us in relation to a non-performing loan or outstanding debt to the credit union, including by text or email.

Your Marketing Preferences

As part of improving our service to you, from time to time, we would like to inform you of products, services, competitions and/or promotional offers available from us. We may wish to use different means when sending such marketing communications. Please indicate by which methods, if any, you consent to being contacted by ticking each method of communication below:

Post Email Text Landline call Mobile call

Applicant Signature: Date:

Data Privacy Notice

I acknowledge receipt of the Summary Data Privacy Notice

I wish to have the Full Version of the Data Privacy Notice emailed to me at the email address I have supplied

Membership No.

Additional Information

Please tick your preference in the relevant boxes below:

Please include me in the *Death Benefit Insurance (DBI) Scheme - additional form

Yes No

I wish to avail of Online Access

Yes No

I wish to receive an Annual e-AGM Notification

Yes No

*Subject to change. The Death Benefit Insurance Scheme cost is voted upon at the AGM annually.

Declaration

I agree to abide by the rules of GADIA Co-operative Credit Union and declare that the information given by me on this form is true and correct to the best of my knowledge and belief and that I am not, nor have been, a member of any credit union other than those listed above

Applicant Signature:

Date:

Witness Signature:

Date:

MEMBERSHIP OF GADIA CO-OPERATIVE CREDIT UNION IS SUBJECT TO APPROVAL BY THE MEMBERSHIP COMMITTEE

OFFICE USE ONLY

CJA Compliance

Proof of Identity:

Valid passport Driving Licence Voters ID Ghana Card Other

Proof of Address:

Utility Bill Bank Statement Other

Proof of PPSN:

Requested: Yes No Received: Yes No PEP: Yes No

Proof of working in Common Bond:

Payslip Letter Other

Marketing Opt out:

Yes No

Signed:

Date:

Checked By:

Marketing Committee

