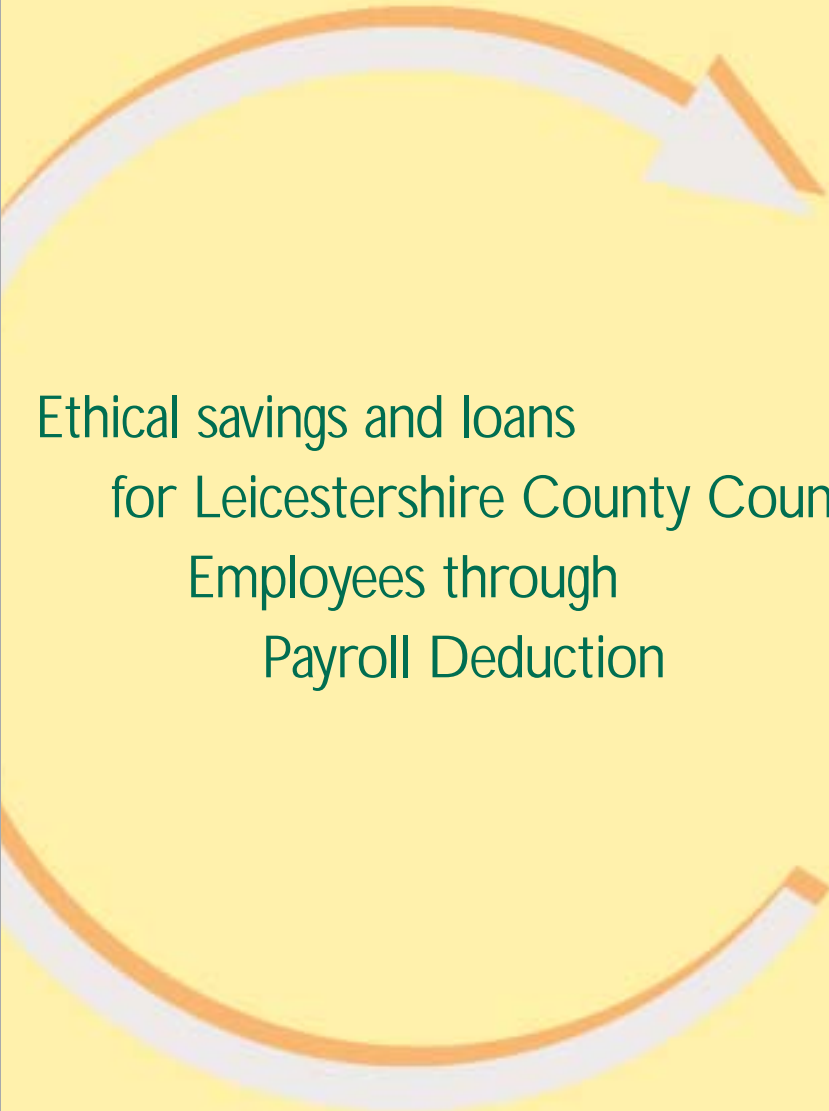


Clockwise

Your Local Credit Union



Ethical savings and loans
for Leicestershire County Council
Employees through
Payroll Deduction



MEMBERSHIP APPLICATION FORM

Mr / Mrs / Miss / Ms Other ____ Surname: _____

First name(s): _____

Address: _____

_____ Post Code: _____

Tel.: _____ Mobile: _____

Email address: _____

If you have lived at this address for less than three years, please give previous address(es): _____

National Insurance Number: _____ Date of birth: _____

Employment location: _____

Work Tel: _____ Occupation: _____

Bank Sort Code: _____ Account Number: _____

Details of my previous credit union membership: _____

Are you related to any officer or staff at Clockwise? _____

Where did you hear about Clockwise? _____

I hereby apply for membership of and agree to abide by the rules of Leicester Credit Union Ltd. I declare information given by me on this form is true and correct to the best of my knowledge and belief. I understand a non-refundable membership fee of £2.00 will be deducted from my first payment.

Signed _____ Date _____

YOUR BENEFICIARY FOR INSURANCE

We provide Life Insurance cover on both savings* and loans at no direct cost (*subject to terms and conditions*).

I (*your full name*), _____

of (*your address*) _____

_____ Postcode _____

nominate (*name of beneficiary*) _____

of (*beneficiary's address*) _____

_____ Postcode _____

(*Relationship to prospective member*) _____

as the person to whom my property in Clockwise as may be mine at the time of my death should be transferred, whether in shares or otherwise, should my application for membership be successful.

Signed _____ Date _____

Witness _____ Date _____

(The witness must not be the beneficiary)

Data protection statement: *In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purposes of managing your accounts with the Credit Union. Your personal details will be treated confidentially and will only be shared with other agencies for the purposes of credit referencing and debt recovery, for which purpose we hold a Category F Consumer Credit Licence. We may also share information held about you with fraud or crime prevention / detection agencies if required to do so.*

* Excluding Mini Cash ISAs

PAYROLL DEDUCTION AUTHORITY

Please leave attached to your Application Form

**To: The Payroll Manager
Leicestershire County Council**

Please deduct the sum of £ _____

(*amount in words*) _____

each week / month from my wage / salary, beginning from the first possible pay date, and pay Leicester Credit Union Ltd until I instruct you otherwise in writing.

Name (*print*): _____

Payroll Number*: _____

Department: _____

I also authorise you to advise Clockwise Credit Union if you receive notice of my leaving your employment, or you terminating my employment.

Signed _____ Date _____

* This can be found on your pay advice slip. Please contact the Credit Union office to ensure your employer accepts payroll deduction.

Would you be interested in any of the following services / products? (Please ask us for details)

Benefits paid directly into your account (Benefit Direct Account)

Wages paid into your account Christmas Account

Tax free savings Loans

Please note we are required by law to request two recent and original (i.e. not photocopies) forms of identification on application for membership, one from each type confirming both address and identity.

✓ **Type One (confirming name)**

- Current signed passport
- Resident permit issued to EU nationals by the Home Office
- Current UK/EU Photo driving licence or full UK driving licence
- State pension/benefit book or notification letter
- Inland Revenue Tax notification

✓ **Type Two (confirming address, dated within the last three months)**

- Recent Mortgage statement
- Wage Slip
- Current local authority tax bill
- Local Authority/Housing Ass rent card or tenancy agreement
- Bank/Building Soc statement or pass book with recent transactions
- Recent gas/water/electricity bill (not mobile phone)
- State pension/benefit book or notification letter
- Inland Revenue tax notification
- In exceptional circumstances an original letter from a person in reasonable authority, such as a teacher, doctor, social worker, minister of religion, hostel manager or solicitor may be accepted as evidence of identity.
- Electoral Roll check

We also require a passport size photograph.

- ✓ **Clockwise is a financial co-operative owned by its members.** They elect a Board of Directors and Audit Committee from among themselves at the Annual General Meeting. Any profits made are returned to members in the form of a dividend on savings.
- ✓ **Same safeguards as a bank or building society.** Like a Bank or a Building Society, Clockwise is authorised and regulated by the Financial Services Authority. Member's savings are safeguarded by the Financial Services Compensation Scheme and complaints which cannot be resolved locally can be referred to the Financial Ombudsman Service.
- ✓ **Clockwise offers competitive rates** on savings, including tax free Mini Cash ISAs, and affordable loans.
- ✓ **Life insurance cover is provided at no direct cost to members** (*conditions apply, excluding ISA*).
- ✓ **We are a community based co-operative.** By joining Clockwise Credit Union, in addition to meeting your own needs, you will keep money within the local economy and also enable the Credit Union to provide affordable financial services to the local community.

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 enquiries@clockwise-cu.co.uk | www.clockwise-cu.co.uk

Leicester Credit Union Ltd., FRN213498, is authorised and regulated by the Financial Services Authority. Member of the Financial Services Compensation Scheme, the Financial Ombudsman Service and ABCUL. Registered Office: 25 Mere Road, Leicester, LE5 3HS. Issued August 2006.

