

**Application
for Corporate Membership**

To be completed in BLOCK CAPITALS

Anyone that lives or works in the Local Authority area of Milton Keynes or postcodes of Aylesbury Vale District council area or South Oxfordshire may join Swan Credit Union. Corporate members should have a registered office in this area.

Corporate Account Definition and Requirements
Confirming and verifying identification of individuals

In common with other financial institutions we require validation and identification of all signatories to the account. Individuals representing organisations will be required to produce identification documents giving proof of name, date of birth and address in accordance with the credit union's normal identification requirements for individual members. In addition we will require details of all shareholders, directors or beneficial owners holding more than 25% of shares in the organisation who are NOT signatories.

To assist in identification and verification and to prevent fraud and money laundering we may use your information to search the Electoral Register and in searches with fraud prevention agencies. The agencies used would retain your information for 12 months regardless of whether this application is successful or not.

By completing this form you are deemed to agree to any additional verification procedures.

HOW THE CREDIT UNION WILL USE AND SHARE YOUR INFORMATION

We will process your data in accordance with your rights under the Data Protection Act 1998.

Your information may be processed by this credit union in any form and on any database used by us for the following purposes:

- to consider any applications made by you;
- to help us to make credit decisions about you and anyone to whom you are linked financially or other members of your household;
- to deal with your account(s) or run any other services we provide to you;
- to undertake statistical analysis, financial risk assessment, money laundering checks (which may include telephoning you), compliance and regulatory reporting, fraud prevention and debt tracing;
- to help us identify products and services which may be of interest to you (unless you have asked us not to);

Please tick this box if you would like to receive newsletters and other correspondence

You do agree that we can forward any newsletter, statement message, new terms and conditions or information about any changes to the way your account(s) operate

For Office Use:	
Received By:	Approved By
ID Proof:	Membership Start Date:
Signatory 1	Membership Number
Signatory 2	

Section A: Information about your organisation

Full name of Organisation – as shown on your governing documents

Key contact for communications – Full name

Correspondence Address:

Address 1

Address 2

Town

County

Postcode

Daytime Telephone

Mobile

Email

Website

Registered Address: If this is the same as your correspondence address then you do not have to complete the registered address details

Address 1

Address 2

Town

County

Postcode

Legal Status please confirm the status of your organisation by ticking one of these boxes:

Company registered in England & Wales pursuant to the Companies Act

Company registered in Scotland pursuant to the Companies Act

Industrial & Provident Society

Unincorporated organisation

Charitable Incorporated Organisation (CIO)

Charity registered in Great Britain

Other (please specify)

Does your organisation have a governing or regulatory body? – if yes state which

If your organisation is a company incorporated to the Companies Act please provide company registration number

If your organisation is an Industrial & Provident Society please provide company registration number

If your organisation is a registered Charity please provide charity registration number

If your organisation is regulated by the PRA please provide your Firm Reference Number (FRN)

When was your organisation established?

What does your organisation do?

Please give details of the main activity for your organisation

Section B1: Information about the person acting as the authority on behalf of your organisation*

Title		Forename		Middle Initial	
Surname					
Position in organisation			Time with organisation		
Address 1					
Address 2					
Town					
County				Postcode	
Daytime Telephone		Mobile			
Email			How long at the current address?		
Date of Birth			National Insurance No:		
<p>Are you a member of this credit union as an individual? If yes please give membership number.</p>					
<p>*If you are an incorporated body this person will be known as the <i>Corporate Representative</i>. If you are an unincorporated association or unincorporated partnership this person will be known as the <i>Designated Representative</i>.</p>			<p>Usual Signature</p>		

Section B2: Information about second authorised signatory (not applicable to a sole trader)

Title		Forename		Middle Initial	
Surname					
Position in organisation			Time with organisation		
Address 1					
Address 2					
Town					
County				Postcode	
Daytime Telephone		Mobile			
Email			How long at the current address?		
Date of Birth			National Insurance No:		
<p>Are you a member of this credit union as an individual? If yes please give membership number.</p>					
			<p>Usual Signature</p>		

Supplemental Information – Anti Money Laundering guidance requires that we obtain details of all shareholders, directors or beneficial owners holding more than 25% of shares in the organisation **who are NOT signatories**. Please complete details below. If you need more space please copy this page.

Section C: Supplemental information #1

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initial	<input type="text"/>
Surname	<input type="text"/>				
Position in organisation	<input type="text"/>		Time with organisation	<input type="text"/>	
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
Town	<input type="text"/>				
County	<input type="text"/>			Postcode	<input type="text"/>
Daytime Telephone	<input type="text"/>		Mobile	<input type="text"/>	
Email	<input type="text"/>			How long at the current address?	<input type="text"/>
Date of Birth	<input type="text"/>		National Insurance No:	<input type="text"/>	
<p>Are you a member of this credit union as an individual? If yes please give membership number.</p>			<input type="text"/>		
<p>Usual Signature</p>			<input type="text"/>		

Section C: Supplemental information #2

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initial	<input type="text"/>
Surname	<input type="text"/>				
Position in organisation	<input type="text"/>		Time with organisation	<input type="text"/>	
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
Town	<input type="text"/>				
County	<input type="text"/>			Postcode	<input type="text"/>
Daytime Telephone	<input type="text"/>		Mobile	<input type="text"/>	
Email	<input type="text"/>			How long at the current address?	<input type="text"/>
Date of Birth	<input type="text"/>		National Insurance No:	<input type="text"/>	
<p>Are you a member of this credit union as an individual? If yes please give membership number.</p>			<input type="text"/>		
<p>Usual Signature</p>			<input type="text"/>		