



## Applicant Information

Account No.	D.O.B
Full Name	
Email Address	
Mobile	Phone
Address + Postcode	
Occupation	
Employer	
Employer's Address	

I hereby apply for membership of, and agree to abide by the rules of, Belvoir Credit Union Ltd. I declare that the information given by me is true and correct to the best of my knowledge and belief.

Signed	Date
Proposed by	Account No.
Second by	Account No.
Joining Fee Yes / No	Opening Shares £

## Designation of Beneficiary

I ..... being a member of Belvoir Credit Union Ltd. Do hereby designate (Name) ..... (Relationship) ..... (Address, if different) .....

As my beneficiary, to receive any money due, in the event of my death. I hereby reserve the right to change the beneficiary name herein.

Signed	Witnessed
--------	-----------



**BELVOIR**  
CREDIT UNION LIMITED

# Membership Form