

### Section 1. The Applicant

Title: Mr/Mrs/Miss/Ms: First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Country of Birth \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ No. of Dependents \_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ N.I Number \_\_\_\_\_

Are you related to a staff member/volunteer of Scottish Police Credit Union Ltd: **YES/NO**

How did you find out about your Credit Union? \_\_\_\_\_

### Section 2. Current Work details

I am/was employed by \_\_\_\_\_

I am employed (delete as applicable) permanently /temporarily /retired / not working

Occupation \_\_\_\_\_ Employment Start Date \_\_\_ / \_\_\_ / \_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Work Tel \_\_\_\_\_

### Section 3. Next of Kin

I hereby nominate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

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

Relationship to Applicant \_\_\_\_\_

### Section 4. Enabling Member (to be completed by the person who makes you eligible to join)

Name \_\_\_\_\_ Member Number \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Signature \_\_\_\_\_

## Section 5. Savings

I wish to save the sum of £\_\_\_\_\_ every month to my Credit Union membership account.  
(min. £10/Max £500)

I hereby authorise the Scottish Police Credit Union Ltd to collect a direct debit in their favour for the sum stated above until further notice.

I wish to make my payment on the following day each month:

1<sup>st</sup> / 8<sup>th</sup> / 16<sup>th</sup> / 24<sup>th</sup> ( delete as applicable)

## Section 6. Staying in touch

We would like to keep you up to date with any changes to our products and services, as well as any offers we think you will benefit from. We are also legally required to send notice of our Annual General Meeting each year.

We can send this information by email or as a SMS text message. If you are happy to receive information from us by email or SMS text message please complete the following declaration choosing your preferred method of communication and delete as applicable:

I do/do not wish to receive an AGM notice by email/SMS text message

I do/do not wish to receive emails/SMS text messages about changes to products and services or any offers that I might benefit from.

Email \_\_\_\_\_

If you would prefer a text message please confirm your mobile phone No. \_\_\_\_\_

For full information on how we use your information please see our Privacy Statement.

## Section 7. Confirmation

I confirm that I wish to join Scottish Police Credit Union and I have read and understood the following important information:

- **Membership Key Facts**
- **Membership Terms & Conditions**
- **Financial Services Compensation Scheme**
- **Privacy Statement**

I understand that in the event of any difficulties arising from my membership of Scottish Police Credit Union, my enabling member may be informed.

Applicant's Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Office use only: Member No. \_\_\_\_\_ Date to Finance \_\_\_ / \_\_\_ / \_\_\_

Proof of ID/Residence Provided Yes/No



**New Member Loan Application**

**I wish to apply for a New Member Loan** *Note: This loan has interest attached at 17.9%*

Fixed Loan Amount **£500.00**

Please Choose Repayment Period:- **6 Months - £88.00 per month**   
**12 Months - £46.00 per month**

Purpose of Loan \_\_\_\_\_

Loan Repayment - a fixed sum of **the above chosen amount** each pay to my New Member Loan Account.

I wish to make my initial payment by:

- Postal Order for £10 payable to SPCU Ltd
- Debit card payment for £10 - Contact No. \_\_\_\_\_

**Note: - We will make payment direct to the bank account you nominate below**

Sort Code \_\_\_ / \_\_\_ / \_\_\_ (6 digits)

Account Number \_\_\_\_\_ (8 digits)

Name on the account \_\_\_\_\_

**Financial Declaration**

Please read carefully before signing and complete as appropriate. If you are subject to any of the following please contact us to discuss your circumstances.

**I declare I am not subject to any of the following:**

- Arrears - Mortgage /Loan/Credit Card
- Individual Voluntary Arrangement
- Un-discharged Bankrupt
- County Court Judgment
- Debt Arrangement Scheme
- Protected Trust Deed

**Health Declaration**

I declare I am / am not in good health and I am /am not fit to carry out my normal occupation.

If you are not in good health please state reason here \_\_\_\_\_

Date last worked \_\_\_ / \_\_\_ / \_\_\_ Expected return date \_\_\_ / \_\_\_ / \_\_\_

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_



**Scottish Police**  
CREDIT UNION Limited

Serving The Police Family

Please complete the whole form excluding the official use box in black ink and send to:



Instruction to your Bank or Building Society to pay by Direct Debit

6	7	5	1	7	8
---	---	---	---	---	---

**Scottish Police Credit Union Limited**  
165 Baillieston Road  
Glasgow  
G32 0TN

Name(s) of Account Holder


Bank / Building Society Account Number

--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Name and full postal address of your Bank /Building Society

To : The Manager	Bank/Building Society
Address	
Post Code	

Reference number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Please Complete:**

(This is not part of the instruction to your Bank or Building Society)

Choose Date of month: 1<sup>st</sup> /8<sup>th</sup> /16<sup>th</sup> /24<sup>th</sup>

Monthly Payment £ \_\_\_\_\_

Member Number: \_\_\_\_\_

**Office Use Only**

1<sup>st</sup> repayment date: \_\_\_\_\_

Advance notice sent: \_\_\_\_\_

**Instruction to your Bank or Building Society**

Please pay Scottish Police Credit Union Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Scottish Police Credit Union Limited and, if so, details will be passed electronically to my Bank /Building Society

Signature(s)

Date

**Banks and Building Societies may not accept Direct Debit instructions from some types of account.**

The guarantee below should be detached and retained by the payer



**The Direct Debit Guarantee**

- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Scottish Police Credit Union Limited will notify you ten working days in advance of your account being debited or as otherwise agreed
- If an error is made by Scottish Police Credit Union Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please send a copy of your letter to us.