



### 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 employed by Police Scotland as a: Police Officer/Police Staff (delete as applicable)

I am Permanently/Temporarily Employed (delete as applicable)

\*Payroll/Registration No. \_\_\_\_\_ PSI No. \_\_\_\_\_

**\* In the event that I do not know my payroll/registration number I hereby give consent, by signing this membership application, for Police Scotland payroll services to provide this to Scottish Police Credit Union upon their request in order to complete my application.**

Occupation \_\_\_\_\_ Div/Dept \_\_\_\_\_

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

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

Work Tel \_\_\_\_\_ Employment Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 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. Savings

I wish to save the sum of \*£\_\_\_\_\_ (min. £10/ Max. £500) every month/4 weeks to my Credit Union membership account.

I hereby authorise the Finance Department of \_\_\_\_\_ Police (Legacy Force), to deduct from my pay the total sum\* of £\_\_\_\_\_ (**this 'total' should include the appropriate loan repayment if applicable**) each pay day and remit it to the Scottish Police Credit Union Ltd until further notice.

**\*If you are taking our New Member Loan offer on the next page, remember to add in your loan payment. After your loan has completed you must save a minimum of £10 thereafter.**

I understand a non - refundable entrance fee of £5 will be taken from my first deduction.

## Section 5. Staying in touch is good

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 offer regular competition prizes and 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 \_\_\_\_\_ Mobile phone No. \_\_\_\_\_

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

## Section 6. 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**

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

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

**Proof of ID/Residence Provided**    **Yes/No**



**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 once a valid PSI/Payroll no. has been provided.**

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** \_\_\_ / \_\_\_ / \_\_\_