



Membership Number: _____

APPLICATION FOR MEMBERSHIP (Northern Ireland)
Knockninny Credit Union Limited

APPLICANT NAME: _____

CURRENT ADDRESS: _____

POSTCODE _____

Home Owner / Tenant (delete as appropriate)

DATE OF BIRTH: ____ / ____ / ____

HOME TELEPHONE: _____

EMAIL: _____

MOBILE: _____

Occupation: _____

Are you a Tax Resident in Northern Ireland: Yes No

If No please provide your TIN _____ **Country of Tax Residence:** _____

I confirm that the account is for my own personal use and benefit Yes No

If you ticked No above, please specify the beneficial owner of the account:

NOMINATION (NEXT TO KIN) *This is the person(s) you would like to nominate for your shares to be passed to in the event of death.*

Name: _____

Address: _____

Contact Number: _____

Is your Nomination a Member of KCU: Y/N **Relationship:** _____

Should you have more than 1 nomination please request a separate nomination form

Are you a member of any other Credit Union? *If yes please give details*

I hereby apply for membership of and agree to abide by the rules of Knockninny Credit Union Limited, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief

It is important that you read and understand our Privacy Notice with this application form.

I authorise you:

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- to process the information I have provided you with for the purposes of maintaining my account with us.

Signature of applicant: _____

Date: DD MM YYYY



Proof of Identity & Evidence of Address Verification

All proofs mentioned below must be original documents, not photocopies.

Identity:

Proof of Identity must include a photograph and can be in the form of one of the following:

1. Current EU or UK Driving License (full or provisional)
2. Current valid passport
3. NI Electoral Identity Card
4. Other (e.g. DRD Senior Citizen Smart Pass)
5. EEA member state ID card
6. Self Employed construction industry certificate
7. Valid UK Firearms certificate which includes photograph

Address:

Proof of Address must be current (**no more than 3 months old**) and may be one of the following:

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3. Current Utility Bill (Gas, Electric, Water, Rates, Landline Telephone)
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5. Recent mortgage statement
6. Solicitors letter confirming recent house purchase
7. Inland Revenue Tax notification (dated within last 12months)
8. Bank/ Building Society/ Credit Card statement
9. Official Document from a Government Body (e.g. Pensions and benefits, tax credits)
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Membership Number: _____

APPLICATION FOR MEMBERSHIP (Northern Ireland)
Knockninny Credit Union Limited

APPLICANT NAME: _____

CURRENT ADDRESS: _____

POSTCODE _____
Home Owner / Tenant (delete as appropriate)

DATE OF BIRTH: ____ / ____ / ____	HOME TELEPHONE: _____
EMAIL: _____	MOBILE: _____

Occupation: _____

Are you a Tax Resident in Northern Ireland: Yes No
If No please provide your TIN _____ **Country of Tax Residence:** _____

I confirm that the account is for my own personal use and benefit Yes No

If you ticked No above, please specify the beneficial owner of the account:

NOMINATION (NEXT TO KIN) *This is the person(s) you would like to nominate for your shares to be passed to in the event of death.*
Name: _____
Address: _____

Contact Number: _____
Is your Nomination a Member of KCU: Y/N _____ **Relationship:** _____
Should you have more than 1 nomination please request a separate nomination form

Are you a member of any other Credit Union? *If yes please give details*

I hereby apply for membership of and agree to abide by the rules of Knockninny Credit Union Limited, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief

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Occupation: _____

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EMAIL: _____	MOBILE: _____

Occupation: _____

Are you a Tax Resident in Northern Ireland: Yes No

If No please provide your TIN _____ **Country of Tax Residence:** _____

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Occupation: _____

Are you a Tax Resident in Northern Ireland: Yes No

If No please provide your TIN _____ **Country of Tax Residence:** _____

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DATE OF BIRTH: ____ / ____ / ____	HOME TELEPHONE: _____
EMAIL: _____	MOBILE: _____

Occupation: _____

Are you a Tax Resident in Northern Ireland: Yes No

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