

Personal Details

Surname		Forename(s)	
Title (Mr, Mrs)		Business Name	
Home Address		Business Address	
Postcode		Postcode	
Home Tel No		Email	
Mobile/Alt phone		Occupation	
Fax/Other No		Date of Birth	

ID Numbers

NFRN Membership No			
Wholesaler No 1		Wholesaler No 2	
Account No 1		Account No 2	

Nominee

I hereby nominate the person named below as the person to whom there shall be transferred, on my death, such property in the credit union as may be mine at the time of my death, whether shares or otherwise.

Title		Forename(s)	
Surname		Relationship to Member	
Address			
Postcode			

Declaration

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

Your signature		PRINT NAME	DATE
Witness signature *		PRINT NAME	DATE

* Please note that the witness must NOT be the NOMINEE

For Office Use Only

	Date	Signature	Position
Approved by Board on			
Membership Number			
Entered System on			
Opening Deposit Received	£		
Standing Order Reference			
Standing Order Processed			
Welcome Letter Sent on			