

Application for membership to the Pentecostal Credit Union

Membership number (for office use): _____

Please complete in **BLOCK CAPITALS** and return to:
The Pentecostal Credit Union Ltd, 15 Oldridge Road, Balham, London SW12 8PL

GENERAL DETAILS

Surname: _____ Mr/Mrs/Ms/Miss/Dr/Rev/Other: _____

Forename: _____

Home address: _____

Home telephone: _____ Date of birth: _____

Email address: _____ Mobile No.: _____

Employer's name: _____

Employer's address: _____

_____ Postcode: _____

Department/location: _____ Date commenced: _____

Occupation: _____ Work telephone: _____

Current / Previous Credit Union Membership: _____

Affiliated to (Church): _____

I hereby apply for membership of, and agree to abide by the rules of the Pentecostal 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. False information may render my membership void.

Your signature: _____ Date: _____

DESIGNATION OF BENEFICIARY

In the event of my death, I nominate the person named below to receive a transfer of any property in the Credit Union as may be mine whether in shares or otherwise

Nominee (Mr/Mrs/Ms/Miss/Dr/Rev.) _____

Address of nominee: _____

_____ Postcode: _____

Relationship of nominee to member: _____

Your signature: _____ Date: _____

Witness Name: _____ Witness signature: _____

(NB the witness shall not be the nominee)

Please note that proof of identity is required, in the form of a passport and one utility bill.