

## **POLLOK CREDIT UNION**

### **APPLICATION FOR MEMBERSHIP**

Join Pollok Credit Union today and start enjoying the benefits of being a member. We have a wide range of services which are aimed at meeting all of your financial needs, including the following:

- Low Cost Loans
- Savings Accounts
- Christmas Savings Account
- Budgeting Services
- Mortgages
- Junior Accounts
- 0% Interest Family Funeral Plan

#### **Conditions of Membership**

If you live or work in the 'G' postcode area, you are eligible to join. A £5 joining fee applies, and you must deposit at least £1 into your account.

Please see overleaf an application form for membership. Applications should be returned to one of our 3 branches:

#### **Pollok Office**

Pollok Credit Union  
Silverburn Shopping Centre  
Barrhead Rd  
Glasgow  
G53 6QR  
Tel: 0141 880 7888

#### **Shawlands Office**

Pollok Credit Union  
17 Kilmarnock Rd  
Shawlands  
Glasgow  
G41 3YN  
Tel: 0141 632 7847

#### **North Glasgow Office**

Pollok Credit Union  
264 Saracen Street  
Possilpark  
Glasgow  
G22 5HJ  
Tel: 0141 336 6570

**Please bring with you 2 forms of identification; one form of photographic ID i.e. passport or driving license; and proof of applicants address i.e. utility bill no more than 3 months old.**

**Application for Membership**

Member No.	
Processed by:	

**Personal Details**

Title \_\_\_\_\_ First Name(s) \_\_\_\_\_

Surname \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Area \_\_\_\_\_ Town \_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Nationality \_\_\_\_\_ NI Number \_\_\_\_\_

Home Tel \_\_\_\_\_ Mobile \_\_\_\_\_

No. Dependants \_\_\_\_\_ Email Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Maiden Name \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_

**Employment Details**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

Occupation \_\_\_\_\_ Date Started Employment \_\_\_\_\_

Workplace \_\_\_\_\_

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

Postcode \_\_\_\_\_ Work Tel. Number \_\_\_\_\_

**Benefit Details**

Which benefits are you in receipt of?

Benefit Type	Frequency (monthly/fortnightly/weekly)
_____	_____
_____	_____
_____	_____

**Designation of Beneficiary**

I, \_\_\_\_\_ being a member of Pollok Credit Union  
(YOUR NAME)

Ltd, do hereby designate \_\_\_\_\_, \_\_\_\_\_  
(NAME OF BENEFICIARY) (RELATIONSHIP TO YOU)

of \_\_\_\_\_  
(BENEFICIARY'S FULL ADDRESS)

Postcode \_\_\_\_\_ Tel. Number \_\_\_\_\_

as my beneficiary to receive any and all sums of money paid under and by virtue of the terms and conditions of the Life Insurance Plan. I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent form shall constitute a change of beneficiary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_  
(CREDIT UNION WORKER)

**Additional Information**

**Contact Details**

Please tick box if you do not wish to be contacted by the following means:

Email

Text Messaging

Third part contact i.e. next of kin

**Joining Source**

Where did you hear about Pollok Credit Union? i.e. newspaper, friend, event etc.

Please detail \_\_\_\_\_

Are you currently (or previously) a member of any other Credit Union? Please supply Details:

Name of Credit Union(s) \_\_\_\_\_

Joining and Leaving Dates \_\_\_\_\_

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Member No.	
Processed by:	

## Equal Opportunities Monitoring Form

This monitoring form will help us to identify any groups of people that are under-represented by Pollok Credit Union and give us an idea of where further work may be needed in the future. Forms are anonymous and confidential. Completion of each section is **essential** (please complete each section)

Please tick the relevant box in each of the sections below.

**Section 1:** Postcode

**Section 2:** Gender – are you

Female  Male

**Section 3:** Age

**Section 4:** Ethnic Group (background or culture) – are you:

White Scottish		Other (South) Asian	
Other White British		Chinese	
White Irish		Caribbean	
Other White		African	
Indian		Black Scottish and other Black	
Pakistani		Mixed	
Bangladeshi		Other	

**Section 4:** Disability – do you consider yourself to have

No disability or impairment	<input type="checkbox"/>	A sensory impairment	<input type="checkbox"/>	A learning disability	<input type="checkbox"/>
A physical impairment	<input type="checkbox"/>	A mental health condition	<input type="checkbox"/>	Any other disability or impairment	<input type="checkbox"/>

**Note:** The disability categories used are broadly based on the definition of a disabled person in the Disability Discrimination Act 1995 as “someone with a physical or mental impairment which has a substantial or long term effect upon his/her ability to carry out normal day to day activities”.

**THANKS FOR YOUR CO-OPERATION**

## Pollok Credit Union Monthly Lottery

Enter Pollok Credit Union's Monthly Lottery for a chance to win **£300!**



Simply complete the details below.

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

Account Number \_\_\_\_\_

I wish to apply for \_\_\_\_\_ entries per Month in the lottery. I authorise the money to be withdrawn from my shares account each month until further notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_