

MEMBERSHIP APPLICATION

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Flamesavers CU Ltd
4 Kingsyard
Rope Street
Stoke-on-Trent
Staffordshire ST4 6DJ

Tel: 01782 615220
Email: office@flamesavers.co.uk
www.flamesavers.co.uk
Reg.No. 338C. Established 1993


credit union limited

Please complete and sign the membership form on this page and return along with your proof of ID and Residence to **4 Kingsyard, Rope Street, Stoke-on-Trent, Staffs, ST4 6DJ.**

HOW TO JOIN

Proof of ID and Residence

Although all members are employees of a UK fire service or are in receipt of a UK Fire Service pension we are required under FCA rules to independently obtain proof of members home address and I.D

For Residence, a document containing your name and address such as a pay advice utility bill etc.

For Identification, a document, if possible containing a photo such as a driving licence or Brigade ID card.

DO NOT SEND THE ORIGINAL DOCUMENT PHOTOCOPIES ARE ACCEPTABLE.

Photocopies must be endorsed as a true copy by a second person who must sign, date and print their name, profession, contact address and a phone number. If you are having problems supplying an ID document then the referee section on page 2 must be completed by a work colleague or professional person.

APPLICATION DETAILS

Title: Mr/Mrs/Miss/Ms

Name: _____

Date of birth: _____ / _____ / _____

Home Address _____

Postcode:

How long at this address?: _____ years

If less than 1 year please provide former address ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼

Former Address _____

Postcode:

APPLICANT'S FURTHER DETAILS

National Insurance No: _____

Pay/Brigade No: _____

Telephone No: _____

Mobile No: _____

Email: _____

Employing Brigade (If retired please state 'Retired') _____

Wholetime / Retained / Support / Part Time? Please state: _____

Monthly Deduction (Per Month or 4 Weekly) Whole Pounds only:

£

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In the event of a members death any outstanding loan is written off and savings returned to a nominated person. Please nominate the person who will receive your assets in the credit union in the event of your death.

Title: Mr/Mrs/Miss/Ms Nominee Surname: _____

Nominee Forename: _____

Address: _____

Postcode: _____

Relationship: _____

REFEREE DETAILS (THIS SECTION ONLY NEEDS TO BE COMPLETED IF NOT SUPPLYING ID DOCUMENTS.)

Name of person giving reference – Please Print:

Address:

of _____

Postcode: _____

Date _____/_____/_____

Confirm that:

Has been known to me for: _____ Years Signature _____

Phone No: _____

I declare that I am an employee of a UK Fire Authority or that I am in receipt of a Fire Authority pension and authorise Flamesavers Credit Union Ltd to deduct the amount indicated each month either by payroll deduction or by standing order that I will set up. Details on this will be forwarded to you once your account is opened. I declare that the details given on this form are, to the best of my knowledge, true and correct.

Signed: _____

Dated: _____/_____/_____

Flamesavers Credit Union Ltd is an independent organisation with a volunteer Board of Directors and its own paid staff. We have an internal audit team as well as an independent auditor and accountant. Our loan committee and loan officer authorise loans to members. In the event of a complaint we have a complaints officer. Members can use the services of the Financial Services Ombudsman if they are dissatisfied with our final response following a reportable complaint. The Board will, upon agreement, offer redress to a member who has a complaint upheld against the credit union in relation to their terms of membership or loan agreement.