

# MEMBERSHIP APPLICATION

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Flamesavers CU Ltd,  
The Fire Station,  
Lower Bethesda Street,  
Hanley, Stoke-on-Trent, Staffs.  
ST1 3RP

Tel: 01785 898907  
Fax: 01782 209029  
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 **Flamesavers CU LTD, The Fire Station, Lower Bethesda St, Hanley ST1 3RP.**

## 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:

£

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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.