



**APPLICATION
FOR
MEMBERSHIP**

Membership No

Applicants Name _____

Address _____

Postcode _____ Tel No _____

Date of Birth _____ Occupation _____

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

Are you a member of any other Credit Union? Y [] N [] If so, please provide details

Applicant's Signature _____ Date _____

Additional Information

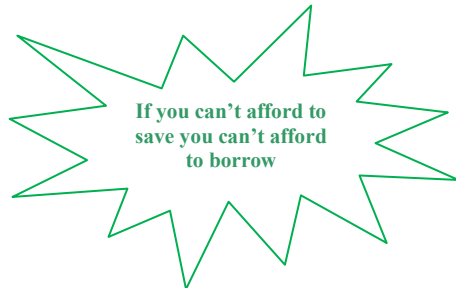
Mobile No _____

Email _____

Employer's Name _____

Employers Address _____

Other Credit Union Details _____



**NOMINATION
(IN THE EVENT OF
DEATH)**

Membership No

I (member name) _____ of (address) _____

_____ a member of Baillieston Credit Union Ltd,

hereby nominate _____

of (address) _____

Relationship to member _____

As the person to whom there shall be transferred at my decease such property in the credit union as may be mine at the time of my decease, whether in shares or otherwise.

Dated this the _____ day of _____ 20 _____

Signature: _____

.....

Below line, official use only

Witness: _____

Disclaimer

Baillieston Credit Union Ltd will pass on all relevant details to the Prudential Regulation Authority, the Financial Conduct Authority, the Financial Services Compensation Scheme, the HMRC, the Scottish League of Credit Unions and all relevant third party services as required for day to day operation of Baillieston Credit Union Ltd

"Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority."



"Affiliated to the Scottish League of Credit Unions"