

MEMBERSHIP FORM



TO BE COMPLETED IN BLACK INK AND CAPITAL LETTERS

MARCH 2026

OFFICE USE ONLY

MEMBERSHIP NUMBER

CHECKED BY

Merthyr Tydfil Borough Credit Union Ltd, 139 High Street, Merthyr Tydfil, CF47 8DN.
Tel No 01685 377888 Email info@mtbcu.org.uk website www.mtbcu.org.uk

YOUR DETAILS

Title Mr Mrs Miss Ms (other please state) _____

Name _____

Address _____

Post Code _____

Time at this address _____

If less than 3 years, previous address _____

Date of Birth ____ / ____ / ____

National Insurance Number (required) ____ / ____ / ____ / ____ / ____

Home Phone _____ **Mobile Phone** _____

Email address _____

Employment status Unemployed Full Time Part Time Self-employed Retired Student

Employers Name & Address _____

TAX RECIPENT

We are legally required to gather the following information about your tax status (required)

I _____ pay tax in _____
(Full Name) (Country)

Tax Ref: _____

I _____ pay tax in _____
(Full Name) (Country)

Tax Ref: _____

PRIVACY POLICY

In accordance with the General Data Protection Regulation (GDPR) we will use your personal details for the purpose of managing your accounts with the Credit Union. For more information about how we treat your personal data please refer to our 'Privacy Policy' which is available on our website (www.mtbcu.org.uk) or email gdpr@mtbcu.org.uk to request a copy.

LIFE INSURANCE RECIPIENT

Our membership includes life insurance, please name the person to receive the life insurance below

I _____ a member of MTBCU (address overleaf)

nominate _____

(Relationship to me) _____

living at address _____

_____ as the person to whom there will be transferred such property in the Credit Union (whether in shares, deposits, loans or otherwise including Life Saving Insurance plan) that may be mine at the time of my death.

I understand that the maximum amount provided for under nomination is £5000 and any residual balance in my account shall be paid to my Legal Personal Representative.

Dated _____ Member signature _____

Witness Name _____

Witness Signature _____

The Witness must not be the nominee and must be 18 or over.

MARKETING PREFERENCES

Please choose how you would like to keep up to date with news and information on products and services

By post by email I don't want to receive any marketing

ANNUAL GENERAL MEETING

We are required to hold an Annual General Meeting each year and we invite Members to attend

Please tell us how you would like to receive your invitation

Post Email

WHERE DID YOU HEAR ABOUT THE CREDIT UNION?

Advertising Website Employer Social Media Family Friends School Event

DECLARATION

By signing, I acknowledge I have received the Financial Compensation Scheme (FSCS) information sheet and exclusion list. I hereby apply for membership and agree to abide by the rules of Merthyr Tydfil Borough Credit Union Ltd.

I declare that the above information given by me on this form is true and correct to the best of my knowledge.

I understand that I must activate my savings account with a minimum of £5 and maintain this balance at all times.

PLEASE NOTE: That there is an Annual Membership Fee of £5

SIGNED _____ DATED _____