

## Application for Corporate Membership

Thank you for choosing to become a corporate member of Kent Savers Credit Union.

In order to process your membership you must complete this application form in full, using **BLOCK CAPITALS** for all details, and return by post to the address above.

If you need help completing the form, please call us on the above telephone number or email.

To qualify as a member of Kent Savers Credit Union, your organisation must have a place of business within Kent (including Medway) or within the London Borough of Bexley or be a housing provider for tenants in those areas. It must also be either an unincorporated association or a not-for-profit organisation.

If you're not sure if your organisation fits into these criteria, please call us before beginning your application.

**PLEASE ENSURE THAT YOU COMPLETE SECTIONS ONE, TWO, THREE AND SIX AS APPROPRIATE**

**PLEASE ENSURE THAT YOU PROVIDE THE SUPPORTING INFORMATION REQUIRED AS SET OUT IN SECTIONS FOUR AND SEVEN.**

WITHOUT THIS INFORMATION WE WILL BE UNABLE TO ACCEPT YOUR APPLICATION

To assist in identification and verification and to prevent fraud and money laundering we may use your information to search the Electoral Register and in searches with fraud prevention agencies. The agencies used will retain your information for 12 months regardless of whether this application is successful or not.

**BY SUBMITTING THIS APPLICATION, YOU ARE AGREEING TO KENT SAVERS AND OUR AGENTS CARRYING OUT ANY ADDITIONAL VERIFICATION PROCEDURES WE CONSIDER ARE NECESSARY.**

### Data Protection Statement

In accordance with the principles of the Data Protection Act 2018, we will use your personal details for the purposes of managing your accounts with the Credit Union.

Please indicate if you are willing to be contacted by Kent Savers Credit Union in the following ways:

SMS / Text       Email       Post

We will not sell/pass on any of your details to any third parties, however from time to time we may wish to contact the account holder about other Kent Savers accounts or services that we think may be of particular interest to you.

Please tick this box to confirm your agreement to receiving occasional information from Kent Savers

**SECTION ONE - INFORMATION ABOUT YOUR ORGANISATION**

**LEGAL NAME OF ORGANISATION** – this should be as shown on your governing documents

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**TRADING NAME** (IF DIFFERENT)

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**TYPE OF ORGANISATION** (PLEASE TICK ONE):

Community Interest Company (CIC)	<input type="checkbox"/>	Unincorporated organisation	<input type="checkbox"/>
Charitable Incorporated Organisation (CIO)	<input type="checkbox"/>	Charity registered in Great Britain	<input type="checkbox"/>
Other (please specify)			<input type="checkbox"/>

Last financial year financial turnover	£
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**DATE ORGANISATION FORMED:**

D	D	M	M	Y	Y	Y	Y
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**TRADING ADDRESS IN KENT, MEDWAY OR BEXLEY**

STREET ADDRESS 1	
STREET ADDRESS 2	
STREET ADDRESS 3	
TOWN OR CITY	
COUNTY	
POST CODE	
WORK TELEPHONE	
MOBILE TELEPHONE	
EMAIL ADDRESS:	
WEBSITE URL:	

**REGISTERED ADDRESS IF DIFFERENT TO TRADING ADDRESS**

STREET ADDRESS 1	
STREET ADDRESS 2	
STREET ADDRESS 3	
TOWN OR CITY	
COUNTY	
POST CODE	

What are the principle activities of the organisation?	
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If your organisation has a governing or regulatory body, please provide its name:	
If your organisation is:	incorporated under the Companies Act, provide the company registration number: _____
	an Industrial and Provident Society, provide the company registration number: _____
	a registered Charity, provide the charity registration number: _____
If your organisation is regulated by the Financial Conduct Authority or the Prudential Regulation Authority, please provide:	
the name and address of the complaints contact	Name: Address:
the name and email address of the principal compliance contact	Name: Address:
The name and address of the organisation's auditor	Name: Address:

**SECTION TWO: DETAILS OF THE MAIN ACCOUNT SIGNATORY**

TITLE :	
FORENAME:	
MIDDLE NAME(S)	
SURNAME:	
DATE JOINED THE ORGANISATION	
POSITION IN THE ORGANISATION	
<b>HOME ADDRESS:</b>	
STREET ADDRESS 1	
STREET ADDRESS 2	
STREET ADDRESS 3	
TOWN OR CITY	
COUNTY	
POST CODE	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS	

DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
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NATIONALITY	
NATIONAL INSURANCE NUMBER (IF AVAILABLE)	
DO YOU HAVE ANY OTHER MEMBERSHIP OF KENT SAVERS (FOR EXAMPLE, AS PERSONAL SAVINGS OR LOAN ACCOUNT)	IF YES, PLEASE GIVE MEMBERSHIP NUMBER:
<b>CONTACT DETAILS:</b>	
WORK TELEPHONE	
MOBILE TELEPHONE	
HOME TELEPHONE	
EMAIL ADDRESS:	

<b>Signed</b> _____	<b>Date</b> _____
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**SECTION THREE – DETAILS OF THE SECOND ACCOUNT SIGNATORY**

(NOT APPLICABLE FOR A SOLE TRADER)

TITLE :	
FORENAME:	
MIDDLE NAME(S)	
SURNAME:	
DATE JOINED THE ORGANISATION	
POSITION IN THE ORGANISATION	
<b>HOME ADDRESS:</b>	
STREET ADDRESS 1	
STREET ADDRESS 2	
STREET ADDRESS 3	
TOWN OR CITY	
COUNTY	
POST CODE	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS	

DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
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NATIONALITY	
NATIONAL INSURANCE NUMBER (IF AVAILABLE)	
DO YOU HAVE ANY OTHER MEMBERSHIP OF KENT SAVERS (FOR EXAMPLE, AS PERSONAL SAVINGS OR LOAN ACCOUNT)	IF YES, PLEASE GIVE MEMBERSHIP NUMBER:

<b>CONTACT DETAILS:</b>	
WORK TELEPHONE	
MOBILE TELEPHONE	
HOME TELEPHONE	
EMAIL ADDRESS:	

<b>Signed</b> _____	<b>Date</b> _____
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**SECTION FOUR – RESOLUTION OF THE ORGANISATION COMMITTEE OR BOARD TO BECOME A MEMBER OF KENT SAVERS**

**To Kent Savers Credit Union**

We confirm that at a properly convened meeting it was resolved that:

1. We wish to open an account with Kent Savers Credit Union and in doing so agree to abide by the social objects, rules, policies and procedures of the credit union
2. The individual/s representing the organisation have completed all required personal details and provided identification documents according to the requirements of the credit union.
3. Kent Savers Credit Union will rely on the appointed representatives unless it receives written confirmation of changes to representatives.
4. To provide the credit union with the following documents as indicated below.

**Declaration** (The people named as signatories in sections Two and Three above must sign this declaration).

We hereby certify that the above Resolution is a true copy of the resolution passed at the meeting held on (date)

DATE OF MEETING:	D	D	M	M	Y	Y	Y	Y
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<b>On behalf of the governing body</b>	
Signature:	_____
Full name:	_____
Position In Organisation	_____
Date:	_____

<b>On behalf of the governing body</b>	
Signature:	_____
Full name:	_____
Position In Organisation	_____
Date:	_____

**SECTION FIVE – SUPPLEMENTAL INFORMATION**

WE ARE REQUIRED BY LAW TO OBTAIN DETAILS OF ALL SHAREHOLDERS, DIRECTORS OR “BENEFICIAL OWNERS” WHO OWN MORE THAN 25% OF SHARES IN THE ORGANISATION (KNOWN AS “PERSONS WITH A CONTROLLING INTEREST”) EVEN IF THEY ARE NOT SIGNATORIES TO THE ACCOUNT.

PLEASE PROVIDE DETAILS OF ANY SUCH PEOPLE BELOW, EVEN IF THEY ARE SIGNATORIES.

IF THERE IS MORE THAN ONE, PLEASE COPY THIS PAGE AND ATTACH TO YOUR APPLICATION.

TITLE :	
FORENAME:	
MIDDLE NAME(S)	
SURNAME:	
DATE JOINED THE ORGANISATION	
POSITION IN THE ORGANISATION	
<b>HOME ADDRESS:</b>	
STREET ADDRESS 1	
STREET ADDRESS 2	
STREET ADDRESS 3	
TOWN OR CITY	
COUNTY	
POST CODE	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS	

DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
NATIONALITY								
NATIONAL INSURANCE NUMBER (IF AVAILABLE)								
DO YOU HAVE ANY OTHER MEMBERSHIP OF KENT SAVERS (FOR EXAMPLE, AS PERSONAL SAVINGS OR LOAN ACCOUNT)	IF YES, PLEASE GIVE MEMBERSHIP NUMBER:							
<b>CONTACT DETAILS:</b>								
WORK TELEPHONE								
MOBILE TELEPHONE								
HOME TELEPHONE								
EMAIL ADDRESS:								

**SECTION SIX – ACCOUNT OPENING INFORMATION**

I enclose a deposit cheque/postal order made payable to Kent Savers Credit Union Ltd of £\_\_\_\_\_.\_\_\_\_\_  
(minimum £5, maximum £15,000)

Please be aware that we charge a **£2 Membership Fee** which is deducted from your first lodgement (Payment) to the Credit Union.

If you choose not to enclose a cheque or postal order **the £2 membership fee will be deducted** from your first payment.

*Please select a method of paying into your savings account in future:*

- Direct Debit  We will provide you with a Direct Debit Mandate to complete and return to us
- Internet Banking  We will provide you with details
- Pay Point  We will provide you with a payment card to pay in directly at Post Offices and Newsagents



**SECTION SEVEN: CONFIRMING AND VERIFYING IDENTIFICATION OF ORGANISATIONS AND NAMED ACCOUNT HOLDERS**

**IN ADDITION TO THE DETAILS PROVIDED IN SECTIONS 1 - 5, YOU MUST ALSO PROVIDE:**

**For each signatory to the account:**

- A photocopy of a current passport, photo ID or photo driving licence for each signatory
- A copy of a utility bill or Council tax bill less than 3 months old, for the home address of each signatory

**Organisations must also provide details of any other existing bank accounts, including:**

- Bank name
- Sort code
- Account number

**Organisations must also provide any two documents from the following list:**

- Company certificate of incorporation
- Copy of the memorandum and Articles of Association
- Copy of the organisation's constitution
- Copy of the founding Trust deed
- A list of the organisation's officers or trustees, with addresses
- Copy of a registration certificate and rules
- Copy of the charity registration
- HMRC Revenue certificate
- VAT registration certificate
- A certified copy of a utility bill or Council tax bill less than 3 months old, for the business address
- A letter confirming the business address signed by a notary or commissioner for oaths

**TO HELP US DEVELOP OUR SERVICES, PLEASE LET US KNOW HOW YOU HEARD ABOUT KENT SAVERS CREDIT UNION :**

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|------------------------|--------------------------|
| TV                     | <input type="checkbox"/> |
| Radio                  | <input type="checkbox"/> |
| Newspaper              | <input type="checkbox"/> |
| Magazine               | <input type="checkbox"/> |
| Internet               | <input type="checkbox"/> |
| Family or friend       | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> |

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Thank You.