



APPLICATION FOR MEMBERSHIP (Residential)

Title: Mr/Mrs/Miss/Ms/Other _____ First Name _____ Initials _____

Surname _____

Address _____

Post Code _____ Telephone No _____ Membership No _____

Email Address _____

Occupation _____ National Insurance No. _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Ethnic Origin _____

We are required by the Credit Union Regulators (PRA & FCA) to have proof of your identity and proof of residency within the common bond (Plymouth, Devon, Cornwall and the Isles of Scilly). These should be presented with the application form for photocopying. (Please ask a member of the CPCU at your local collection point if you require further information.)

For Office use only Proof of Identity MLRO approved
Proof of Residency Conaccess

I hereby apply for membership and agree to abide by the rules of the CPCU Ltd and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

Signature of Applicant _____ Date ____ / ____ / ____

Proposed by _____ Membership No _____

Seconded by _____ Membership No _____

Where did you hear of the City of Plymouth Credit Union? (Please tick)

Leaflet Friend/Existing Member Other
Presentation Newsletter (Please specify)