

APPLICATION FOR OCU MEMBERSHIP

Surname: (Mr/Mrs/Miss/Ms/Dr)

Forenames:

Home Address:

Postcode:

Telephone Number:

Work Address:

Post Code:

Telephone Number:

Date of Birth:

National Insurance Number:

Signed: Dated:

NOMINATION OF BENEFICIARY

In the event of my death I hereby nominate the person named below to receive any benefits arising from my Oldham Credit Union accounts. **Note:** Nominations will be considered on death of the member but they are not legally binding.

Beneficiary Name:

Beneficiary Address:

Postcode

Relationship to you:

Your Signature: Dated:

Signature of Witness: Dated: