Your NHS Your Money





NHS Credit Union

Looking after you and your family's financial well being #MemberOwned #LoveyourCreditUnion



NHS Credit Union People Not Profit

NHScreditunion.com



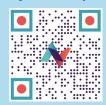
Joining is easy...

Please have the following documents ready to begin your joining journey:

- Driver's licence or passport or photo ID
- Most recent payslip
- Evidence of address (if this differs from your photo ID)



Download the Nivo app by scanning this QR code with your smartphone



Or download the app at Google Play (Android) or the App Store (iPhone)









Membership application form Please complete this form in BLOCK CAPITALS and return to:

| Splease Remember Your Stamps | Please Complete this form in BLOCK CAPITALS and return to:
| NHS (Scotland & North England) Credit Union Ltd, Pavilion 3B, Moorpark Court, 9 Dava Street, Govan, Glasgow G51 2JA



NHS Credit Union

Personal details		Marketing information
	Home Address	To ensure you receive up to date marketing information and details of product and service offers from NHS information, please tick this box
Surname		Credit Union, we need to obtain your express permission that you are happy to receive such communication either To ensure we send marketing
First name		in hard copy format or electronically. correspondence in the most
Middle name (1 only)	Postcode	convenient manner for yourself, If you do NOT wish to receive marketing please tick the appropriate box(es)
Date of Birth DD·MM·YYYY	Home phone	communications as stated, please tick this box below to indicate your preferred method of receiving communication:
Email	Mobile phone	Please note, we are bound by regulation to issue
Work details		regular statements of all accounts held and these will continue to be issued unless there is a formal request Text message
Health Authority	Hospital name	not to receive such documents. This can be done by
Payroll number	Workplace address	contacting the office directly.
Pay Division* Group Code Paypoint	·	Bank details
ray Division Group Code raypoint		We would be obliged if you could provide your bank Bank name details to enable us to make payments directly to
PAYSLIP, TOP LEFT		your bank account (loans / share withdrawals). Bank address
Job Title	Postcode	Account no
Work phone	Ward / Department	Sort Code
Designation of Beneficiary		Tax residence
In the event of my death, I nominate the undersigned as the person to whom there shall be transferred such property in the Credit Union as may be mine at the time of my death, whether in	Nominee address	If you are a full time resident and tax payer in the United Kingdom, please enter 'United Kingdom' in the box below. If you are not a full-time resident and UK taxpayer, please enter country of residence and where
shares or otherwise		taxes are paid in the box.
Nominee	Postcode	
Relationship of nominee to member	Your Signature	
	Date DD·MM·YYYY	
OFFICE U	JSE ONLY	Declaration
Credit Union Office Stamp:		
Proces	essed by: Date:	I hereby apply for membership of, and agree to abide by the rules of NHS (Scotland & North England Credit Union Ltd (full rules available on request) and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.
	Membership Number:	Please tick to confirm you have read and understood the term & conditions $\ \square$
		Signature: Date: DD·MM·YYYY