

# **Adventist Credit Union**

# Application for Corporate Membership

Adventist Credit Union Ltd is authorised by the Prudential Regulation Authority and regulated by the Prudential Regulations Authority and the Financial Conduct Authority, firm reference number 213267

Registered Office: c/o Hyland House School, Holcombe Road, Tottenham, London N17 9AD

Telephone: 07930 854730 Website: www.adventistcreditunion.co.uk

Email: info@adventistcreditunion.co.uk

# **Application for Corporate Membership**

The Credit Union is a not for profit savings & loans co-operative. It is dedicated to encouraging people to save rather than borrow, but also provides low cost loans at times of need. The credit union expects all borrowers to build up savings as they repay their loan, reducing the need for continued borrowing. Its services are of particular help to the less privileged people in our community.

Organisations such as businesses, charities, and voluntary groups can become corporate members, place sums on deposit with the credit union in order to help the local community

If your organisation would like to open a Corporate Membership Account with the Adventist Credit Union. please complete the form below.

### **Corporate Account Definition and Requirements**

### Confirming and verifying identification of individuals

In common with other financial institutions we require validation and identification of all signatories to the Credit Union account. Individuals representing organisations will be required to produce identification documents giving proof of name, date of birth and address in accordance with the credit union's normal identification requirements for individual members.

In addition we will require details of all shareholders, directors or beneficial owners holding more than 25% of shares in the organisation who are NOT signatories.

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 would retain your information for 12 months regardless of whether this application is successful or not.

By completing this form you are deemed to agree to any additional verification procedures.

To verify you as a bone fide organisation we also require the following:

### **Incorporated organisations**

A private limited company limited by shares or

A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

A **public limited company** limited by shares or by guarantee.

A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

### A limited partnership

A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

### A limited liability partnership (LLPs)

A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

### A Community Interest Company (CIC)

A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

### A Right-to-manage (RTM) company

A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association

### A credit union

A copy of the Registration Certificates and Rules

# An incorporated Industrial & Provident Society

A copy of the Registration Certificates and Rules

### A Friendly Society

A copy of the Registration Certificates and Rules

A registered charity limited by guarantee or

### **Unincorporated organisations** A sole trader

Two of: Current Business Letterhead or Company Letterhead, Inland Revenue Certificate, Recent utility bill or statement in the name of the Business for the Business Premises, Letter from an Accountant or Solicitor

### An 'ordinary' partnership

Two of: Current Business Letterhead or Company Letterhead, Inland Revenue Certificate, Recent utility bill or statement in the name of the Business for the Business Premises. Letter from an Accountant or Solicitor

A credit union study group A copy of the constitution A list of officers, including names and addresses.

A trust A copy of the Trust Deed. A list of trustees, including names and addresses.

A project group A copy of the constitution A list of officers, including names and addresses.

A club, society or association A copy of the constitution A list of officers, including names and addresses.

An unincorporated charity A copy of the constitution A list of officers, including names and addresses.

### shares

A copy of the registration documents.

## **Section One - Information About Your Organisation**

Full Name of Organisation – as shown on your governing documents
Key Contact for Communications – Full Name
Correspondence Address:
Address
Post Code
Daytime Telephone Number Mobile Telephone Number
Email Address Website
Registered Address: - Complete if different to Correspondence Address
Address
Post Code
Legal Status – please confirm the status of your organisation by ticking ONE of these boxes:
Company registered in England & Wales pursuant to the Companies Act  Company registered in Scotland pursuant to the Companies Act
Industrial & Provident Society Unincorporated organisation
Charitable Incorporated Organisation (CIO) Charity registered in Great Britain
Other (please specify)
Does your organisation have a governing or regulatory body?  Yes  No
If yes, state which
If your organisation is a company incorporated to the Companies Act please provide company registration number
If your organisation is an Industrial and Provident Society please provide company registration number:
If your organisation is a registered Charity please provide charity registration number:

If your organisation is regulated by the PF	RA or FCA please provide your Firm Reference Number (FRN):			
When was your organisation established?				
What Does Your Organisation Do?  Please give details of the main activity for your org	yanization			
Section Two Information about the	norsen acting as the sutherity on behalf of your erganization*			
*If you are an incorporated body this person will be	e person acting as the authority on behalf of your organisation* e known as the Corporate Representative. If you are in an unincorporated son will be known as the Designated Representative.			
Title First Na	ame(s)			
Surname				
Position in Organisation	Time with Organisation			
Home Address				
	Post Code			
Daytime Telephone Number	Mobile Telephone Number			
Email Address	How Long at Current Address			
Date of Birth/Nation	nal Insurance Number:			
Are you a member of the Adventist Credit	: Union as an individual?			
If Yes, please give Membership Number				
Signed	Date			
	econd authorised signatory Not applicable to a sole trader			
Title First Na	ame(s)			
Surname				
Position in Organisation	Time with Organisation			
Home Address				
	Post Code			
Daytime Telephone Number	Mobile Telephone Number			

Email Address	How Long a	at Current Address	
Date of Birth/Nati	onal Insurance Number:		_
Are you a member of the Adventist Cred	lit Union as an individual?	Yes	No
If Yes, please give Membership Number			
Signed	Date _		
How the Adventist Credit Union will use and This credit union will process your data it Your information may be processed by following purposes:  to consider any applications made by to help us to make credit decisions of your household;  to deal with your account(s) or run at the to undertake statistical analysis, for the telephoning you), compliance and result to help us identify products and serve Please tick this box if you would like to be You do agree that we can forward any about any changes to the way your accounts.	in accordance with your rights this credit union in any for y you; about you and anyone to who any other services we provide financial risk assessment, negulatory reporting, fraud previces which may be of interest to contacted for marketing pure newsletter, statement mess	orm and on any database om you are linked financiale to you; money laundering checks evention and debt tracing; it to you (unless you have aurposes	used by us for the lly or other members (which may include asked us not to);
Section Four – Resolution  To the Adventist Credit Union	enico) operate		
We confirm that at a properly convened 1. We wish to open an account with the objects, rules, policies and procedures o 2. The individual/s representing the orgalidentification documents according to th 3. The Adventist Credit Union will rely or of changes to representatives.  4. To provide the credit union with the features.	Adventist Credit Union and ir f the credit union anisation have completed all requirements of the credit union the appointed representative	n doing so agree to abide b required personal details a union. /es unless it receives writte	nd provided
Supporting Documentation All limited companies, including paincluding credit unions and co-opera A copy of the Company's Certificate of Incorpora Articles of Association, or if an Industrial & Provident Articles. If a registered charity a copy of the research	tives registered as Industr tion together with a copy of the Med dent Society a copy of the Registrat	rial and Provident Societ morandum and	
Trusts A copy of the Trust Deed.			
Unincorporated bodies, unincorporat A copy of the constitution	ed charities, societies, clu	bs, community groups	
All Organisations Identification documents of individual signatories			
<b>Declaration</b> Two Signatories required, unless a Sole Trader			
We hereby certify that the above Resolu	tion is a true copy of the reso	olution passed at the meeti	ng held on

\_\_\_\_/\_\_\_\_

On behalf of the governing body	у			
Title	First Name(s)			
Surname		_		
Position in Organisation		Date of Signa	ature/	
Signed				
On behalf of the governing bod	у			
Title	First Name(s)			
Surname				
Position in Organisation		Date of Signature	/	
Signed				
holding more than 25% of shares in need more space please copy this pa Supplemental Information 1	age.	·		
Title	_ First Name(s)			
Surname				
Position in Organisation	Time	e with Organisation		
Address				
Daytime Telephone Number	Mobile Telephone Number			
Email Address	How Long At Current Address			
Date of Birth/	National Insuranc	e Number:		
Are you a member of the Adventis	st Credit Union as an	individual?	Yes No	
If Yes, please give Membership Num	ber			
Signed		Date		

# Supplemental Information 2 Title \_\_\_\_\_\_ First Name(s) \_\_\_\_\_\_ Surname \_\_\_\_\_ Position in Organisation \_\_\_\_\_ Time with Organisation \_\_\_\_\_\_ Address \_\_\_\_\_\_ Post Code \_\_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ Mobile Telephone Number \_\_\_\_\_\_ Email Address \_\_\_\_\_ How Long at Current Address \_\_\_\_\_\_ Date of Birth \_\_\_/ \_\_\_ National Insurance Number: \_\_\_\_\_\_ Are you a member of the Adventist Credit Union as an individual? \_\_\_\_\_ Yes \_\_\_\_ No If Yes, please give Membership Number \_\_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Data Protection Statement:**

In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purpose of managing your accounts with the credit union. Your personal details will be treated confidentially and will only be shared with other agencies for the purposes of debt recovery.

Full details of the credit union's use of members' personal information can be found in the ACU Policy Document available at: www.adventistcreditunion.co.uk

We may at times use your details to keep you informed of services available from the credit union. If you do not wish your details to be used for this purpose, please tick box.