

YOUR CREDIT UNION
SAVEeasy
EICH UNDEB CREDYD



For people,
not profit.
Join today,
it's so easy!

membership application

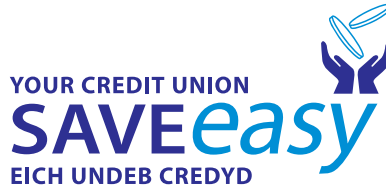
Llanelli & District Credit Union Ltd t/a SAVEeasy
6-8 Bridge Street, Llanelli. SA15 3UF

Telephone: 01554 770867
Email: saveeasy@btopenworld.com
www.saveeasycreditunion.co.uk

PLEASE USE BLOCK CAPITAL LETTERS
DEFNYDDIWCH PRIF LYTHRENAU

Please complete both forms
and return to us for approval.

There is a £1 joining fee
and a fee of £1 to start saving.



MEMBERSHIP NUMBER:
RHIF AELODAETH:

For Office use only

LLANELLI & DISTRICT CREDIT UNION LTD.

UNDEB CREDYD LLANELLI a'r CYLCH CYF.

Credit Union Registration No: 560 C
Rhif Cofrestru yr Undeb: 560 C

FSA Registration No: 213676
Rhif Cofrestru FSA: 213676

MEMBERSHIP APPLICATION
CAIS AM AELODAETH

TITLE (Mr. Mrs. Miss etc) _____ SURNAME _____
TEITL (Mr. Mrs. Miss ac ati) _____ CYFENW _____

FIRST NAME _____ MIDDLE NAME (S) _____
ENW CYNTAF _____ ENW (au) CANOL _____

ADDRESS _____
CYFEIRIAD _____

POSTCODE _____
Côd PoST _____

Tel No: (HOME) _____ (MOBILE) _____
RHIF FFÔN (CARTREF) _____ (SYMUDOL) _____

e-mail address _____
cyfeiriad e-mail _____

NI Number _____ - _____ - _____ - _____
RHIF YSWIRIANT CENEDLAETHOL

DATE OF BIRTH _____ / _____ / _____
DYDDIAD GENI

If you are in employment please could you fill in the details below:
OS YDYCH MEWN CYFLOGAETH LLENWCH YN ISOD Y MANYLION:

Name of Employer _____ ADDRESS OF EMPLOYER _____
ENW'R CYFLOGYDD _____ CYFEIRIAD Y CYFLOGYDD _____

WORK PAYROLL NUMBER _____
GWAITH, RHIF PAYROLL _____

IN RECEIPT OF BENEFITS: YES / NO

BANK A/C: YES / NO

I hereby apply for membership of the above Credit Union and agree to abide by its rules. I declare that the information given by me is true and correct to the best of my knowledge.
Ceisiaf drwy hyn aelodaeth o'r Undeb Credyd uchod a chytunaf gadw at y rheolau. Datganaf fod y manylion a roddais yn y ffynflen hon yn gywir a gwir, yn ôl fy ngwybodaeth orau.

SIGNATURE _____
LLOFNOD

DATE: _____ / _____ / _____
DYDDIAD

TO VALIDATE THIS MEMBERSHIP PROOF OF ID AND PROOF OF ADDRESS IS REQUIRED

FOR OFFICE USE ONLY

DEFNYDD SWYDDFA YN UNIG

STATUS:

ID DOCUMENTS PROCESSED YES / NO

PROCESSED BY: _____

DOGFENNI ID WEDI EU PROSESU DO / NADDO

LLOFNOD SWYDDOG YR UC:

LLANELLI & DISTRICT CREDIT UNION LTD. UNDEB CREDYD LLANELLI a'r CYLCH CYF.

**FOR SHARE AND LOAN PROTECTION INSURANCE
YSWIRIANT AMDDIFFYD CYFRAN A BENTHYCIAD**

**NOMINATION FORM [IN CASE OF DEATH]
FFURFLEN ENWEBU [ACHOS MARWOLAETH]**

MEMBERS' NEXT OF KIN

PERTHYNAS AGOSAF YR AELOD

Title _____ First Name _____ Surname _____
Teitl Enw Cyntaf Cyfenw

Address _____ Postcode _____
Cyfeiriad Côt Post

Tel. No. _____ Relationship _____
Rhif Ffôn Perthynas

I, _____ of (address): _____
R'wyf fi Full name Enw Llawn o (cyfeiriad):

Postcode: _____
Côt Post

as a member of the above Credit Union hereby nominate:

Fel aelod or Undeb Credyd uchod yn enwebu:

Mr. Mrs. Miss etc. _____
Mr. Mrs. Miss ac ati. Full name Enw Llawn

Of (address) _____ Postcode _____
O (cyfeiriad) Côt Post

Relationship: *Perthynas* _____ Member No: *Rhif Aelodaeth* _____
(if Memb. Of Credit Union) (os yn Aelod o'r Undeb Credyd uchod)

As the person to whom there shall be transferred at my decease such property in the Credit Union as may be mine at the time of my decease, whether in shares or otherwise.

Fel y person i bwy y dylid, o ganlyniad fy marwolaeth, trosglwyddo fy eiddo yn yr Undeb Credyd uchod ar amser fy marwolaeth, ai cyfrannau neu fel arall.

Any special instructions: _____

Unrhyw gyfarwyddiadau arbennig

Members signature / *Llofnod yr Aelod:* _____

Witness signature / *Llofnod y Tyst:* _____

Witness Address

Cyfeiriad y Tyst

DATED THIS THE _____ DAY OF _____ 20_____
Dyddiwyd diwrnod o

If any of the above needs to be altered, please contact your Credit Union to ensure that the up to date information is held on file. *Os bydd angen newid y manylion uchod, cysylltwch a'ch Undeb Credyd er mwyn sicrhau fod gwybodaeth hyd yn hyn ar y ffeil.*

**ALL INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL
MAE'R HOLL WYBODAETH AR Y FFURFLEN HON YN GWBL GYFRINACHOL**