

Additional details (if any)

Are there any shareholders, Directors, or beneficial owners holding more than 25% of shares in the organisation who are not listed as a Signatory? Yes / No
If yes, please provide the details of each shareholder on an additional sheet.

Membership Agreement

We would like to join HEY Credit Union and agree to abide by the Credit Union's rules. We have read and agree to the Terms & Conditions of the account and the information regarding the Financial Services Compensation Scheme. We agree to an electronic ID check. The information given by us on this form is true and correct. All correspondence will be sent to the correspondence address unless we state otherwise in writing.

Your Personal Data

We protect your personal data in accordance with the law and our Privacy Policy - please see our website for details.
Please indicate how you wish to receive marketing material:

SMS Email Post Decline

Please note that we never send or pass your information on to others for marketing purposes.

To be signed by all Signatories and Shareholders:

Date:

Signatory 1:

Shareholder 1:

Signatory 2:

Shareholder 2:

Signatory 3:

Shareholder 3:

Signatory 4:

Shareholder 4:

Contact Us

HEY Credit Union, 38 Brook Street, Hull, HU2 8LA

info@hullandeycu.co.uk | 01482 778753

www.hullandeycu.co.uk     'HEY Credit Union'

Hull & East Yorkshire Credit Union (HEY Credit Union) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority - FRN 213620, registered number 591C. V2 October 2024.

Application Form

Community Account

An easy access deposit account for clubs, societies, charities, social enterprises and small organisations to hold their funds with a local, ethical financial co-operative



 **HEY Credit Union**
The Fairer Alternative

 **FSCS** Protected

Organisation details

| | |
|------------------------------------|-----------|
| Date of incorporation: | |
| Organisation name: | |
| Trading name (if different): | |
| Correspondence address: | |
| | Postcode: |
| Daytime telephone: | Mobile: |
| Registered address (if different): | |
| | Postcode: |
| Email address: | |
| Website: | |
| How did you hear about us? | |

Please confirm the legal status of your organisation:

- Company registered in England & Wales
 Unincorporated organisation
 Industrial & Provident Society
 Charity registered in Great Britain
 Charitable Incorporated Organisation (CIO)
 Other (please specify below):

| |
|--|
| Does your organisation have a governing or regulatory body? If yes, which? |
|--|

If your organisation is Incorporated to the Companies Act, an Industrial Provident Society, or a registered Charity, please provide:

| |
|---|
| Your registration number: |
| Firm Reference Number (FRN) if regulated by PRA or FCA: |
| Description of the main activity of your organisation: |

Account Signatories

Two signatories are required to act on behalf of your organisation. You can register up to four signatories.

Signatory 1

Signatory 2

| | |
|--------------------------------------|--------------------------------------|
| CU Member number (if any): | CU Member number (if any): |
| Title: | Title: |
| First name: | First name: |
| Middle name(s): | Middle name(s): |
| Last name: | Last name: |
| Address and Postcode: | Address and Postcode: |
| | |
| Daytime telephone: | Daytime telephone: |
| Mobile: | Mobile: |
| Email: | Email: |
| Date of birth: | Date of birth: |
| NI No. <input type="text"/> | NI No. <input type="text"/> |
| Position and time with organisation: | Position and time with organisation: |
| | |
| Signed: <input type="text"/> | Signed: <input type="text"/> |
| Date: <input type="text"/> | Date: <input type="text"/> |

If an incorporated body Signatory 1 will be known as the Corporate Representative. If unincorporated association Signatory 1 will be known as the Designated Representative.

Signatory 3

Signatory 4

| | |
|--------------------------------------|--------------------------------------|
| CU Member number (if any): | CU Member number (if any): |
| Title: | Title: |
| First name: | First name: |
| Middle name(s): | Middle name(s): |
| Last name: | Last name: |
| Address and Postcode: | Address and Postcode: |
| | |
| Daytime telephone: | Daytime telephone: |
| Mobile: | Mobile: |
| Email: | Email: |
| Date of birth: | Date of birth: |
| NI No. <input type="text"/> | NI No. <input type="text"/> |
| Position and time with organisation: | Position and time with organisation: |
| | |
| Signed: <input type="text"/> | Signed: <input type="text"/> |
| Date: <input type="text"/> | Date: <input type="text"/> |