Information Update

19 Park Place
Merthyr Tydfil
CF47 0DJ
Tel: 01685 377888

PLEASE COMPLETE ALL SECTIONS AND RETURN AS SOON AS POSSIBLE TO THE ABOVE ADDRESS

Member Number: _____ Payroll Number: (If applicable) _____

Personal Details:

Surname: _____ Forenames: _____

Address: _____

_____

Telephone Number: _____ Post Code: _____

Mobile Phone No: _____ National Insurance: _____

Date of Birth: _____ E-Mail: _____

Work Details:

Occupation: _____

Address: _____

_____

Telephone Number: _____ Post Code: _____

Beneficiary Details:

Name: _____

Address: _____

_____

Telephone Number: _____ Post Code: _____

Relationship: _____

Your Bank Details:

Bank Name: _____

Branch: _____

Address: _____

_____

Post Code: _____

Sort Code: ☐☐ ☐☐ ☐☐ **Account Number:** ☐☐☐☐☐☐☐☐

Reference if needed: _____

Where do you wish to have your Credit Union mail directed: ☐ Home ☐ Work

For security purposes please indicate your chosen 'PASSWORD'

Password: _____

Please quote this password when making any telephone enquiries in relation to your account.

I also confirm that above address is my current address.

Signature: _____ Date: _____