

Section A: Information about your organisation

Full name of your organisation – as shown on your governing documents

Key contact person for communication – full name

Correspondence Address

Address 1

Address 2

Address 3

Town

County

Postcode

Daytime Tel.

Mobile

Email

Website

Registered Address – If different from above

Address 1

Address 2

Address 3

Town

County

Postcode

Legal Status – please confirm the status of your organisation – please select

Company registered in England & Wales pursuant to the Companies Act

Company registration number

Company registered in Scotland pursuant to the Companies Act

Company registration number

Industrial & Provident Society

I & P registration number

Charitable Incorporated Organisation (CIO)

Charity registration number

Charity registered in Great Britain

Charity registration number

Unincorporated organisation

Other (please specify)

When was your organisation established?

DD

MM

YYYY

Please give a short description about what your organisation does

Section B: Signatories

Signatory #1 The person acting as the authority on behalf of your organisation*

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initial	<input type="text"/>
Surname	<input type="text"/>				
Position in organisation	<input type="text"/>		Time with organisation	<input type="text"/>	
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
City	<input type="text"/>			Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>		How long at the current address?	<input type="text"/>	
Date of Birth	<input type="text"/>	National Insurance No:	<input type="text"/>		
Are you a member of Hoot Credit Union as an individual?		<input type="text"/>		Membership card?	<input checked="" type="checkbox"/>
If yes please give membership number.					
Do you pay tax outside of the UK?		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	If Yes, give country and Tax Information No. <input type="text"/>	
I have read and understand the details contained in the Financial Services Compensation Scheme leaflet 'Protecting Your Deposits' (please tick) <input type="checkbox"/>					
*If you are an incorporated body this person will be known as the <i>Corporate Representative</i> . If you are an unincorporated association or unincorporated partnership this person will be known as the <i>Designated Representative</i> .		Usual Signature		<input type="text"/>	

Additional authorised signatory #2 (not applicable to a sole trader)

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initial	<input type="text"/>
Surname	<input type="text"/>				
Position in organisation	<input type="text"/>		Time with organisation	<input type="text"/>	
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
City	<input type="text"/>			Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>		How long at the current address?	<input type="text"/>	
Date of Birth	<input type="text"/>	National Insurance No:	<input type="text"/>		
Are you a member of Hoot Credit Union as an individual?		<input type="text"/>		Membership card?	<input checked="" type="checkbox"/>
If yes please give membership number.					
Do you pay tax outside of the UK?		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	If Yes, give country and Tax Information No. <input type="text"/>	
I have read and understand the details contained in the Financial Services Compensation Scheme leaflet 'Protecting Your Deposits' (please tick) <input type="checkbox"/>					
		Usual Signature		<input type="text"/>	

HOW THE CREDIT UNION WILL USE AND SHARE YOUR INFORMATION

This credit union will process your data in accordance with your rights under the Data Protection Act 1998.

Your information may be processed by this credit union in any form and on any database used by us to consider any applications made by you and to deal with your account(s) or run any other services we provide to you. We will use data to undertake statistical analysis, financial risk assessment, money laundering checks, compliance and regulatory reporting and fraud prevention. By signing this form you agree that we can forward any newsletter, statement message, new terms and conditions or information about any changes to the way your account(s) operate

Additional authorised signatory #3

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initial	<input type="text"/>
Surname	<input type="text"/>				
Position in organisation	<input type="text"/>		Time with organisation	<input type="text"/>	
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
City	<input type="text"/>			Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>		How long at the current address?	<input type="text"/>	
Date of Birth	<input type="text"/>	National Insurance No:	<input type="text"/>		
Are you a member of Hoot Credit Union as an individual?		<input type="text"/>	Membership card?	<input checked="" type="checkbox"/>	
If yes please give membership number.					
Do you pay tax outside of the UK?		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	If Yes, give country and Tax Information No. <input type="text"/>	
I have read and understand the details contained in the Financial Services Compensation Scheme leaflet 'Protecting Your Deposits' (please tick) <input type="checkbox"/>					
			Usual Signature	<input type="text"/>	

Additional authorised signatory #4

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initial	<input type="text"/>
Surname	<input type="text"/>				
Position in organisation	<input type="text"/>		Time with organisation	<input type="text"/>	
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
City	<input type="text"/>			Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>		How long at the current address?	<input type="text"/>	
Date of Birth	<input type="text"/>	National Insurance No:	<input type="text"/>		
Are you a member of Hoot Credit Union as an individual?		<input type="text"/>	Membership card?	<input checked="" type="checkbox"/>	
If yes please give membership number.					
Do you pay tax outside of the UK?		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	If Yes, give country and Tax Information No. <input type="text"/>	
I have read and understand the details contained in the Financial Services Compensation Scheme leaflet 'Protecting Your Deposits' (please tick) <input type="checkbox"/>					
			Usual Signature	<input type="text"/>	

Section C: Resolution

To Hoot Credit Union Limited

We confirm that at a properly convened meeting it was resolved that:

1. We wish to open an account with the credit union and in doing so agree to abide by the social objects, rules, policies and procedures of the credit union and confirm that we have read the terms and conditions of the account..
2. The individual/s representing our organisation have completed all required personal details and provided identification documents according to the requirements of the credit union.
3. The credit union can rely on the appointed representatives until it receives written confirmation of changes to representatives.
4. We will take all reasonable precautions to ensure that only nominated users have access to the account and understand that the credit union is not responsible for any loss which may be incurred by any party as a consequence of any breach of security on the part of the organisation.
5. To provide the credit union with the following documents as indicated below.

Signatory authorisation:

Transactions on this account require from signatures

Supporting documentation

All limited companies including partnerships or registered charities limited by guarantee or shares including credit unions and co-operatives registered as Industrial & Provident Societies: A copy of the Company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association, or if an Industrial & Provident Society a copy of the Registration Certificates and Rules. If a registered charity a copy of the registration documents.

Trusts: A copy of the Trust Deed.

Unincorporated bodies, unincorporated charities, societies, clubs, community groups: A copy of the constitution

All organisations: Identification documents of individual signatories

Declaration (two signatures required)

We hereby certify that the above resolution is a true copy of the resolution passed at the meeting held on (date)

On behalf of the governing body

Title

Forename

Surname

Position in organisation

Date of signature

Usual Signature

On behalf of the governing body

Title

Forename

Surname

Position in organisation

Date of signature

Usual Signature

Office use only

NB: If signatories are existing individual members then only photo is required. Otherwise normal ID requirements are valid

Date Recvd		ID Signatory #1	
Recvd By		ID Signatory #2	
Approved by		ID Signatory #3	
Membership no.		ID Signatory #4	
Governing Document			