

Premium Account Application Form



Please complete this form using clear block capitals using a ball point pen.
Fields marked with an * are mandatory.



Credit Union details									
Notts and Lincs Credit Union 69 Maid Marian Way Nottingham NG1 6AJ 0115 8283121									
Credit Union Member details					Membership number: *				
Title: *		Gender:		Date of birth: *	(dd/mm/yyyy)				
First name: *		Initial(s):		Last name: *					
Home phone:				Mobile phone: *					
Address: *									
Postcode: *				Time at address: *		Years		Months	
Email address:	(* required for online access)								
Previous address (if less than 12 months):									
Address									
Postcode:				Time at address:		(Years)		(Months)	
Account Holders Agreement									
Please print your name: *									
Your signature: *					Date: *				
FOR COMPLETION BY CREDIT UNION AUTHORISED SIGNATORY									
<i>Remember to enter the Promotional Code on all card applications where applicable</i>									
Name of authorising signatory:					Signature:				
*Documents checked and verified by CU:									
*These documents are available to Contis Group on request.									