

**Corporate Membership**

**Change of signatories**

Postal address: Unit A, George Hall Court, Cavendish Square, Swindon, Wiltshire, SN3 2LZ.

Telephone number: 01793 522 216

**Managing Corporate Member signatories**

# Confirming and Verifying Identification of Individuals

When we manage your account details we need to follow Know-Your-Customer regulations and Anti-Money-Laundering requirements. Usually we can do this digitally, but if the digital process fails we will need to see identification documents giving proof of name, date of birth and address.

In addition, we need details of shareholders, directors or beneficial owners who hold more than 25% of shares in the organisation who are NOT signatories.

To assist in identification and verification we may use your information to search the Electoral Register and in searches with Fraud Prevention Agencies. The agencies used may retain your information for 12 months regardless of whether the application is successful or not.

**By completing this form you agree to any additional verification procedures.**

**Section A: Organisation details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organisation |  | | |
| Key communications contact |  | | |
| Correspondence address |  | | |
|  | | |
| Town |  | Post code |  |
| Daytime phone: |  | Mobile number: |  |
| Email address: |  | Website (if any) |  |
| Registered address (only if different from the correspondence address) |  | | |
|  | | |
| Town |  | Post code |  |

**Section B: Outgoing signatories (if any)**

|  |  |
| --- | --- |
| Title |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) |
| Forename(s) |  |
| Surname |  |

|  |  |
| --- | --- |
| Title |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) |
| Forename(s) |  |
| Surname |  |

|  |  |
| --- | --- |
| Title |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) |
| Forename(s) |  |
| Surname |  |

**Section C: Continuing signatories (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) | | |
| Forename(s) |  | | |
| Surname |  | | |
| Position in organisation |  | Time with organisation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) | | |
| Forename(s) |  | | |
| Surname |  | | |
| Position in organisation |  | Time with organisation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) | | |
| Forename(s) |  | | |
| Surname |  | | |
| Position in organisation |  | Time with organisation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) | | |
| Forename(s) |  | | |
| Surname |  | | |
| Position in organisation |  | Time with organisation |  |

# Section D: New shareholders with more than 25% of shares (if any)

If you need more space please copy this page.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) | | | |
| Forename(s) |  | | | |
| Surname |  | | | |
| Address |  | | | |
|  | | | |
| Town |  | | Post code |  |
| Time at this address |  | | National Insurance number |  |
| Daytime phone number |  | | Mobile number |  |
| Email address |  | | Date of birth |  |
| Position in organisation |  | | Time with organisation |  |
| If a member of the credit union as an individual: membership number | |  | | |
| Usual signature | |  | | |

**Section D: New signatories (if any)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this person the new main point of contact for your organisation? Yes / No  *If you are an incorporated body, this person will be known as the* ***Corporate Representative****. If you are an unincorporated association or unincorporated partnership, this person will be known as the* ***Designated Representative*** | | | | |
|  |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) | | | |
| Forename(s) |  | | | |
| Surname |  | | | |
| Address |  | | | |
|  | | | |
| Town |  | | Post code |  |
| Time at this address |  | | National Insurance number |  |
| Daytime phone number |  | | Mobile number |  |
| Email address |  | | Date of birth |  |
| Position in organisation |  | | Time with organisation |  |
| If a member of the credit union as an individual: membership number | |  | | |
| Usual signature | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this person the new main point of contact for your organisation? Yes / No  If you are an incorporated body, this person will be known as the **Corporate Representative**. If you are an unincorporated association or unincorporated partnership, this person will be known as the **Designated Representative** | | | | |
| Title |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) | | | |
| Forename(s) |  | | | |
| Surname |  | | | |
| Address |  | | | |
|  | | | |
| Town |  | | Post code |  |
| Time at this address |  | |  |  |
| Daytime phone number |  | | Mobile number |  |
| Email address |  | | Date of birth |  |
| Position in organisation |  | | Time with organisation |  |
| If a member of the credit union as an individual: membership number | |  | | |
| Usual signature | |  | | |

**Details of a third authorised signatory (this is optional)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) | | | |
| Forename(s) |  | | | |
| Surname |  | | | |
| Address |  | | | |
|  | | | |
| Town |  | | Post code |  |
| Time at this address |  | |  |  |
| Daytime phone number |  | | Mobile number |  |
| Email address |  | | Date of birth |  |
| Position in organisation |  | | Time with organisation |  |
| If a member of the credit union as an individual: membership number | |  | | |
| Usual signature | |  | | |

**How many** of the above signatures are required to make a withdrawal? \_\_\_\_\_

**How Wiltshire and Swindon Credit Union Limited will use and share your information**

We collect your data when you complete an application to open a corporate account with us. We also collect data about our customers’ online behaviour on our website via cookies and we may record calls with our customers for training and regulatory purposes.

What we do with your information and who we may share it with:

We hold only personal data that is relevant to the services we provide.

* We will use personal data in a clear and transparent way.
* We may need to share your data with a third party, for example a credit reference agency, so we can provide our service to you.
* We will never sell any personal data we collect to a third party.
* We follow appropriate data security measures and policies to keep your data secure.
* We only keep your personal information for as long as we need it in order to provide our service to you.
* You can ask to see the data we hold on you at any time.
* You have a right to correct any incorrect data we hold on you.

This is a summary of our Data Privacy Policy. You can see our full Data Privacy Policy on our website.

# Resolution: to Wiltshire and Swindon Credit Union Ltd

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

1. The signatories on our account will be amended as above with the outgoing signatories removed.
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.

# Declaration (two signatures required except for a sole trader)

**We 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 |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) | | |
| Forename(s) |  | | |
| Surname |  | | |
| Position in organisation |  | | |
| Signature |  | Date |  |

On behalf of the Governing Body

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  Mr.  Mrs.  Ms.  Miss  Dr.  Other (specify) | | |
| Forename(s) |  | | |
| Surname |  | | |
| Position in organisation |  | | |
| Signature |  | Date |  |

**Office use only**

**Notes**

|  |
| --- |
|  |

**Workflow**

|  |  |
| --- | --- |
| *Received by* |  |
| *ID Proof* |  |
| *Signatory 1* |  |
| *Signatory 2* |  |
| *Approved by* |  |
| *Membership Start Date* |  |
| *Membership No* |  |