

**Corporate Membership application**

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

Telephone number: 01793 522 216

**Application for Corporate Membership**

Wiltshire and Swindon Credit Union is a not-for-profit savings and loans co-operative. It is focused on building financial resilience, encouraging people to save rather than borrow and providing fair-cost loans. The credit union business model uses members’ deposits to provide the cash for loans. Loan interest income funds its running costs and any dividend paid on savings. Our services generally help the less privileged, perhaps financially marginalised, members of our community.

Organisations such as businesses, charities and voluntary groups can become Corporate Members and can place sums on deposit with the credit union. This will help the credit union to grow and develop the service it offers the community.

If your organisation would like to open a Corporate Membership Account with Wiltshire & Swindon Credit Union, please apply using this form.

# Corporate Account Definition and Requirements Confirming and Verifying Identification of Individuals

When you open an account with us, individual or corporate, 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 will 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, and to prevent fraud and money laundering, 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **I agree** to Wiltshire and Swindon Credit Union using the verification procedures detailed above | | | |
| Signature |  | Date: |  |
| Name |  | Position |  |

**To verify** you as a bona fide organisation, we also require the following:

|  |  |
| --- | --- |
| **Incorporated Organisations** | **Unincorporated Organisations** |
| **A Private or Public Limited Company** limited by shares or by guarantee; **a Limited Partnership; a Limited Liability Partnership (LLP); a Community Interest Company (CIC); or a Right-To-Manage Company (RTM)** A copy of the *Company’s Certificate of Incorporation* together with a copy of the *Memorandum and Articles of Association*  **A Credit Union; an Incorporated Industrial and Provident Society; a Friendly Society** The FCA firm registration number, and a copy of the latest annual return to the FCA or PRA  **A Registered Charity** limited by guarantee or by shares The charity number on the Charity Commission website, with annual reporting that is up to date, and a copy of the latest annual return | **A Sole Trader, or an “ordinary” Partnership** Two of: Current Business Letterhead, Inland Revenue Certificate, recent Utility Bill or Statement in the name of the Business for the Business Premises, letter from an Accountant or Solicitor  **A Credit Union Study Group; a Project Group; a Club, Society or Association** A copy of the *Constitution* or *minutes of the meeting* where this application was agreed  A list of Officers, including names and addresses  **A Trust** A copy of the *Trust Deed or minutes of the meeting* where this application was agreed  A list of Trustees, including names and addresses  **Unincorporated charity or Charitable trust** The charity number on the Charity Commission website, with annual reporting that is up to date and a copy of the latest annual return  **A Parish, District or Borough Council** The minutes of the meeting where this application was agreed, sent from the Parish Clerk’s official email address |
| **And in all cases:** A copy of a recent bank statement to check ownership of the account and register it on our system for future payments | |

**Organisation details**

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

**Legal status**

|  |  |
| --- | --- |
| □ Parish Council | □ District Council |
| □ Borough Council | □ Industrial & Provident Society |
| □ Charity registered in Great Britain | □ Charitable Incorporated Organisation (CIO) |
| □ Company registered in England & Wales | □ Other (please specify) |

|  |  |
| --- | --- |
| Does your organisation have a governing or regulatory body? If so, please specify |  |
| Is your organisation a company incorporated to the Companies Act?  If so, please give Company Registration Number |  |
| Is your organisation an Industrial & Provident Society? If so, please give Company Registration Number |  |
| Is your organisation a Registered Charity?  If so, please give Charity Registration Number |  |
| Is your organisation regulated by the FCA or PRA?  If so, please give Firm Reference Number (FRN) |  |

**What does your organisation do?**

|  |  |
| --- | --- |
| Please describe your main activities |  |

**Details of person acting as authority for your organisation**

*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 |  | | 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 | |  | | |

**Details of second authorised signatory (two signatures required except for a sole trader)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | |  | | |

**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 |  | | 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 | |  | | |

**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 and 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. We wish to open a Corporate Account with Wiltshire and Swindon Credit Union Limited and in doing so agree to abide by the social objectives, rules, policies and procedures of the credit union.
2. The individual(s) representing our organisation have completed all required personal details and have agreed to provide identification documents according to the requirements of the credit union.
3. The credit union will rely on the appointed representatives unless it receives written confirmation of changes to the representatives.
4. We will provide the credit union with personal identification documents (proof if identity and proof of current address) for each individual, if digital verification fails.

## Supporting Documentation (relevant requirements defined on page 1)

For Limited Companies, including Partnerships or Registered Charities limited by guarantee or shares including Credit Unions and Co-operatives registered as Industrial & Provident Societies (tick the items that apply)

* A copy of the Company’s Certificate of Incorporation together with a copy of the Memorandum and Articles of Association
* For a copy of the Registration Certificate and Rules or, if a Registered Charity, a copy of the Registration Documents
* The FCA firm registration number, and a copy of the latest annual return to the FCA or PRA.
* The Charity number, and a copy of the latest annual return to the Charity Commission.
* A copy of a recent bank statement

For Trusts, Unincorporated Bodies, Unincorporated Charities, Societies, Clubs & Community Group, local councils (tick the items that apply)

* Two proofs business (listed on page 1) for sole trader or ordinary partnership
* A copy of the Trust Deed or Constitution, or minutes of the relevant meeting
* The Charity number, and a copy of the latest annual return to the Charity Commission.
* A list of officers or trustees
* A copy of a recent bank statement

# 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 for the Applicant for Corporate Membership

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

On behalf of the Governing Body for the Applicant for Corporate Membership

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

# Supplemental Information

**This page does not apply to any charity, trust, Credit Union Study Group; a Project Group; a Club, Society or Association or local government body**

Anti-Money Laundering regulations require us to obtain details of all Stakeholders, Directors or Beneficial Owners holding more than 25% of shares in the organisation **who are not signatories**. Please complete details below.

If you need more space please copy this page.

**Supplemental entry #1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | |  | | |

**Supplemental entry #2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | |  | | |

**Office use only**

**Notes**

|  |
| --- |
|  |

**Workflow**

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

*Registered office: Unit A, George Hall Court, Cavendish Square, Swindon, Wiltshire, SN3 2LZ.*

*Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority – FRN 213793.*

*A Member of the Association of British Credit Unions Ltd (ABCUL)*