

LLANDUDNO & DISTRICT CREDIT UNION LTD

CHANGE OF NAME, ADDRESS OR NOMINATION

CREDIT UNION MEMBERSHIP No _____

PLEASE COMPLETE ALL DETAILS WITHIN BOTH BOXES ONLY USING BLOCK CAPITALS

Surname_____	Forename(s)_____	
Address_____		

Postcode_____	Tel. No._____	Date Of Birth_____
Applicant's Signature_____	X	Date_____

FORM OF NOMINATION (IN CASE OF DEATH)

I,_____ of the above address and as a member of the above Credit Union hereby nominate _____
Address_____

as the person to whom there shall be transferred at my decease such property in the above Credit Union as may be mine at the time of my decease, whether in shares or otherwise. This nomination replaces all previous forms of nomination.
Dated this the _____ day of _____ 19____ Signature_____ X
Any special instructions_____

Witness Signature(not nominated person)_____ X Date _____
Witness's Address_____

Proof Of I.D. Yes/No Address Yes/No C U Officer_____ Position_____ Date_____