

Engage Classic Account Application form



Title				
First name				
Last name				

Address				
Postcode				
Time at address	Month		Year	

Previous address if less than 12				
months Address				
Postcode				
Time at address	Month		Year	

Email address				
Mobile phone				

Date of birth								
	D	D	M	M	Y	Y	Y	Y

Your signature								
Date								
	D	D	M	M	Y	Y	Y	Y

FOR COMPLETION BY CREDIT UNION AUTHORISED SIGNATORY

Credit Union	Discovery Credit Union Ltd							
Member number								
Date of KYC								
	D	D	M	M	Y	Y	Y	Y

Instructions for Applicants

Complete the shaded boxes in BLOCK CAPITALS. Before receiving your card, your credit union will supply you with terms and conditions. Please ensure you take time to read and understand the terms and conditions before receiving the card.



Instructions for Credit Unions

Please retain this application for office use.



Discovery Credit Union Ltd
 Central Library
 Wellgate
 Dundee
 DD1 1DB