

MEMBERSHIP

Registration Form



Scottish
Universities
Community
Bank

office@universitycu.org.uk | 01314518005

PERSONAL INFORMATION

FIRST NAME :	SURNAME:
DATE OF BIRTH:	NATIONAL INSURANCE NO:
CONTACT NUMBER:	EMAIL:
ADDRESS	
POSTCODE:	PREFERRED METHOD OF CORRESPONDENCE (Phone/Email/Social Media)

COMMON BOND (ELIGIBILITY)

AFFILIATION TO A UNIVERSITY OR COLLEGE (PLEASE TICK ONE):

CURRENT EMPLOYEE CURRENT STUDENT GRADUATE/ALUMNI FAMILY MEMBER

INSTITUTION NAME:
DEPARTMENT/COURSE/ROLE:
STUDENT OR PAYROLL ID (if applicable):
INSTITUTION ADDRESS:
POSTCODE:

NEXT OF KIN

NAME:	ADDRESS:
POSTCODE:	

DECLARATION

I hereby authorise payment of £_____ per month to be saved with Scottish Universities Community Bank on my behalf, via payroll deduction or another agreed payment method.

SIGNATURE:

DATE: