

CASH BOX CREDIT UNION LTD

6 St Michaels Court, St Michaels Square, Ashton-Under-Lyne, OL6 6XN

Tel: 0161 343 7621

**Email: info@cashbox.org.uk or cashboxcreditunion@tameside.gov.uk
www.cashbox.org.uk**

Member Information Update Form

Membership Number	
Full Name	
Date of Birth	
Address	
Telephone Number	
National Insurance Number	

If you are completing the nomination section below to reaffirm or change your nominee please ensure that you have entered your details in the section above so that we know who the nominee information applies to, thank you.

NOMINATION FORM

I hereby nominate (please give their full name) _____

And their Date of Birth _____ Of (their current address) _____

Their relationship to you is? _____

as the person to whom any property in the credit union as may be mine at the time of my death, whether in shares or otherwise, shall be transferred. Please note that your witness cannot be your nominated beneficiary. If you subsequently wish to change your beneficiary please contact us.

SIGNED _____ DATE _____

WITNESS _____ DATE _____

NAME of WITNESS (please print) _____