

Instant issue Account Application form

Head Office/ Sydenham branch:
 262 Kirkdale
 Sydenham
 London
 SE26 4RS

Title		Gender	
First name			
Last name			

Address:			
Postcode:			

Previous address if less than 12 months:				
Address:				
Postcode:				
Time at address:		(Months)		(Years)

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 name	Lewisham Plus 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 refer you to the terms and conditions. Please ensure you take time to read and understand the terms and conditions before receiving the card.



Instructions for credit unions

Key the application details into the web portal and retain the application form in the office.