



member number

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24/7 products application

PO Box 585 Hamilton 3240 • firstcreditunion.co.nz • welcome@firstcu.co.nz

Personal details

What is your name?

FIRST NAMES

LAST NAME

What is your email address?

What is your phone number?

Products

I would like to apply for Internet Banking Mobile App

Declaration

1. I declare that the information provided in this application is true and correct.
2. I have read and understood and agree to the Terms and Conditions and Conditions of Operation for the products I have applied for.
3. I will not disclose my passwords to any unauthorised party.
4. I understand that costs may apply to the products I have applied for.
5. I will advise First Credit Union of any changes to my email address or if I wish to change my statement instructions.

Account Holder's Signature

Today's date

/ /

Office Use Only

- | | |
|---|--|
| <input type="radio"/> Identification verified | <input type="radio"/> Member given Terms & Conditions or already issued |
| <input type="radio"/> Signature scanned | <input type="radio"/> Client number and Temporary password given to member |
| <input type="radio"/> Photo | |

Processed by

Date

/ /