

APPLICATION FORM

Recruited by: _____

1 Eight digit salary number | | | | | | | |

Job title _____

On occasions we may need to contact the business to confirm your salary number, please tick here if you object.

2 Title _____

Forenames _____

Surnames _____

3 Home address _____
Postcode _____

4 Work tel _____

Mobile/Home tel _____

Email _____

5 Branch (workplace) _____

Region (department) _____

Division (business area) _____

6 Number of hours worked _____

7 Are you a member of another union Yes No

If yes, please specify _____

8 Date of birth | | |

Date joined company | | |

9 Are you Male Female

10 Do you consider yourself to have a disability Yes No

11 Ethnic origin White Black (African, Caribbean) Asian (Bangladeshi, Chinese, Indian, Pakistani) Mixed ethnicity
Other, please specify _____

12 Declaration

I hereby apply to join **advance**, observe the rules, and to pay the appropriate monthly subscription by Direct Debit. This authority will continue until cancelled by me in writing. I also agree to my monthly subscription being increased to the appropriate rate if the subscriptions of **advance** are increased in accordance with the rules. I further agree that **advance** may process my personal data in accordance with their Fair Processing Notice.

Signature _____ Date | |

Monthly Lottery: I wish to have _____ chances (maximum 10) in the monthly lottery at £1 per chance, payable by Direct Debit.

Data Protection Act 1998: Information supplied on the form may be held on a computer. For details about the Data Protection Act and how it affects you, please go to www.advance-union.org

After completing the form post to: **Advance, FREEPOST (SCE 7517), Tring, HP23 5BR**

Direct Debit

Instruction to your bank or building society to pay by Direct Debit.



1 FULL NAME AND POSTAL ADDRESS OF YOUR BANK OR BUILDING SOCIETY

BANK NAME

BANK ADDRESS

POSTCODE _____

FOR **advance** USE ONLY – ORIGINATORS REFERENCE NUMBER

| | | | | | | |

ORIGINATOR'S IDENTIFICATION NUMBER

9 | 5 | 8 | 1 | 5 | 5

2 NAME(S) OF ACCOUNT HOLDER(S)

3 SORTCODE

| | | | | |

4 BANK OR BUILDING SOCIETY ACCOUNT NUMBER

| | | | | | | |

5 **INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY**

Please pay **advance** Union Direct Debits from the account detailed in this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with **advance** and, if so, details will be passed electronically to my bank or building society.

SIGNATURE(S)

DATE

| | | | | |

Banks and building societies may not accept Direct Debit instructions from some types of account.

The Direct Debit Guarantee



- This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, **advance** will notify you five working days in advance of your account being debited or as otherwise agreed. If you request **advance** to collect a payment, confirmation of the amount and date will be given to you at the time of request. If an error is made in the payment of your Direct Debit by **advance** or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when **advance** asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.