



## Guidance to Application of University Credit Union Membership

1. There are 3 sets of form to be filled out by the applicant :
  - “Membership Form” which has two pages and could be printed in separated sheets. Please don’t forget to sign on the form.
  - “Certificate of Designated Heir or Successor” has one page , the successor(s) declared in the form can withdraw the savings from your account according to the stated percentages after your decease.
  - “Direct Debit Authorization Form” which has one page only and the applicant must agree to authorize the Credit Union to debit a fixed amount each month from his/her bank account for saving purpose.
  - The “Certificate of Designated Heir or Successor” and “Direct Debit Authorization Form” must be printed in separated sheets, **never print in duplex.**
  - **Please consult your bank for any possible surcharge applied to the setup of direct debit facility. The Credit Union will not responsible for such surcharge.**
  
2. Enclose all filled forms with required document copies in an envelope and send to our registered address:

Board Secretary  
University Credit Union  
Room 1-2 G/F Kam Wah House, Choi  
Hung Estate, Kowloon

OR, send to our representatives in your institution as stated in next page.
  
3. Other required documents include the copy of your HKID card, staff card and proof of address (e.g. electric bill).
  
4. Each application will be handled with strict confidentiality and is subjected for approval by the Board of Directors in the monthly Director Board Meeting. Once your application is approved, an official letter of acceptance together with your membership number will be issued by the Credit Union to you. Your first saving transaction will be effective 60 days after the approval.
  
5. Do not enclose with any cheque or cash in your application.

6. Your application will be treated according to the Hong Kong Data Privacy Ordinance. If you have any further query, please contact:
- 9431 8318 Dr. Cheng, Board Secretary of University Credit Union, OR
  - 2388 0177 Mr. Lee, Senior Manage of The Credit Union League of Hong Kong
7. For other details, please visit our website: <http://www.culhk.org/ucu>

### Representatives

For the exact office location of our representatives, please search the information in your working institution.

<b>Institution</b>	<b>Representative/Office</b>	<b>Representative/Office</b>
HKUST	Mr. Li Chi Moon Health, Safety and Environment Office	Mr. Michael Choi Security Facilities Management Office
HKU	Dr. Philip Yu R Department of Statistics and Actuarial Science, HKU	Mr. Alan Cheng Safety Office, HKU
CUHK	Ms Chan Suet Fun Louisa Faculty of Education	Mr. Simon Lee School of Hotel and Tourism Management
City U	Dr. L. M. Cheng Department of Electronic Engineering	
Poly U	Dr. Li Leong Kwan Department of Applied Mathematics	

Date Received :



# University Credit Union Membership Application

Doc no :

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Please read carefully on the “Notes to Applicant” and “Data Privacy” section before filling in the form.

\* delete where inappropriate

### Part 1. Personal Particulars (Mandatory)

Name: (Surname) \_\_\_\_\_ Gender : \* Male / Female  
 (First Name) \_\_\_\_\_ Date of Birth : (yyyy/mm/dd) \_\_\_\_\_

Address : (Room) \_\_\_\_\_ (Floor) \_\_\_\_\_ (Block) \_\_\_\_\_  
 (Building) \_\_\_\_\_ (Street) \_\_\_\_\_  
 (District, e.g. Shatin) \_\_\_\_\_ \* HK Island/Kowloon/New Territories

Phone No. : (office) \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile P.) \_\_\_\_\_ (Pager) \_\_\_\_\_

Email : \_\_\_\_\_

I agree to receive information from UCU via email

### Part 2. Occupation (Mandatory)

University : \_\_\_\_\_ Staff ID : \_\_\_\_\_

Mode : \* regular / contract \_\_\_\_\_ Contract : Until(year) \_\_\_\_\_ (month) \_\_\_\_\_

Office (if different from the above, please write) \_\_\_\_\_

Address : \_\_\_\_\_

Department : \_\_\_\_\_ Post : \_\_\_\_\_

I am a full-time staff in the University as mentioned above.

### Part 3. Spouse and Siblings (Optional)

My spouse is a member of UCU and the membership no. is :

	(Y/M/D)	Employed	Study
Name of Spouse : _____ Date of Birth : _____		<input type="checkbox"/>	<input type="checkbox"/>
Name of Child: (*son/daughter) _____ Date of Birth : _____		<input type="checkbox"/>	<input type="checkbox"/>
Name of Child: (*son/daughter) _____ Date of Birth : _____		<input type="checkbox"/>	<input type="checkbox"/>
Name of Child: (*son/daughter) _____ Date of Birth : _____		<input type="checkbox"/>	<input type="checkbox"/>

### Part 4. Referee (Optional, for reference if necessary)

Name of Referee : \_\_\_\_\_ Membership no. : \_\_\_\_\_ Signature of Referee : \_\_\_\_\_

If you are/were member of other credit union, please state her name :

Date Received :

Declaration

I have carefully read the contents in the "Notes to Applicant" and "Data Privacy" sections. I fully understand and agree the terms and conditions as in these sections. I will abide the rules and regulations as stated in the constitution of University Credit Union and the Credit Unions Ordinance Chapter 119, Laws of Hong Kong and will hold at least one share of the Union.

My monthly saving amount is : HK\$ \_\_\_\_\_ (equivalent to \_\_\_\_\_ share(s) of HK\$5 per share)

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Notes to Applicant

The applicant should read carefully and understand the details of the following points before completing the form. Should you have any query, please refer to the Constitution of University Credit Union or make a call at 852-23880177 for inquiry:

1. The University Credit Union aims at encouraging her members to cultivate a saving habit. The Union is a not-for-profit cooperative institution, accepts member savings as shares and provides a source of loan to her members at a fair and reasonable rate of interest. Members of the Union have the responsibility to promote the credit union movement among the tertiary institutions and to take up social responsibilities.
2. A qualified applicant should satisfy the common bond as a full-time employee of any recognized tertiary institutions in Hong Kong, inclusive for appointees on contract of half year or more.
3. Any person fulfilling the common bond stated above, his/her Union membership application would be approved by the Board of Directors on the condition that he/she is honest and of good character, capable of abiding the Constitution and the Credit Union Bylaws, and is not engaging in any activities infringe onto the interests of the Credit Union. After the approval, each member must subscribe at least one share of the Credit Union with face value of HK\$5 per share.
4. No charge or fee is applied to any new member, however, there is a processing charge applied to any person who is approved for re-admission as a member.
5. All required copies of document should be enclosed with this completed form in an envelope, and **hand-in or mail** to:  
 Board Secretary, University Credit Union  
 Room 1-2 G/F Kam Wah House, Choi Hung Estate, Kowloon.  
 OR Fax to: (852) 23236020
6. Do not attach any cash or cheque during the application. Any application will be subjected to review by the Board of Directors Meeting. The University Credit Union will issue an official letter to notify the applicant the result of the application.

Data Privacy

1. The Union will compile to Personal Data (Privacy) Ordinance to safeguard all information provided by you and to ensure such information is not accessed by unauthorized person, lost or abuse. If you want to review any information kept in the Union, you could send a written request to:  
 Board Secretary, University Credit Union  
 Room 1-2 G/F Kam Wah House, Choi Hung Estate, Kowloon.  
 OR call 23880177 OR fax to 23236020
2. The purposes of collecting your data are:
  - Assessing the membership application;
  - Promoting the activities for the Credit Union;
  - Providing to other parties in the Union for completing the daily operation; and
  - Providing to other parties who are required to compile the requirement of the law.
3. Your data will not be disclosed to any parties unless having you consent, except it is requested for legal action.
4. Your data will be accessed by our employee on a need-to-know basis and the Union will use any methods, including electronic or procedural, to monitor the process.
5. You have the rights to request the Union to inquire and access your own data kept in the Union, and to update the incorrect information.
6. You could refuse to receive any promotional message from the Union.
7. The Union reserves the right to apply charge due to the processing of your personal data.

Required Documents

Please submit the copy of the following documents :

- Hong Kong Identity Card ;
- Staff Card : AND
- Proof of Address, e.g. Electric Bill

Please also submit the true copy of :

- Direct Debit Authorization Form ; AND
- Certificate of Designated Heir or Successor

Application Result (Filled in by the Director Board)

After a reading and careful investigation of the applicant, we decide:

- To ACCEPT this membership application,
- To REJECT this application.

Signature :

President/Vice President

Board Secretary/Director :

Date of Approval :

Membership No. :

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**University Credit Union**  
**Certificate of Designated Heir or Successor**

Doc No. :

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**Personal Information (Please write down the names as exactly in your HKID Card)**

Name(ENG) :		Gender :	* Male / Female
(CHI) :	(姓) (名)	Date of Birth :	(Year/mon/day)
Correspondence:	(Room) (Floor) (Block/Flat)		
Address	(Building) (Street)		
	(District , e.g. Shatin) * Hong Kong Island/Kowloon/New Territories		
Phone No. :	(Off) (Home) (Mobile Phone)		
Institution :			
Department :			
Staff ID :			

**Designated Heir or Successor (Please write down the names as exactly in the HKID Cards)**

Note: if you hold more than 1 shares, you may assign more than 1 designated heirs or successors

Chinese Name	English Name	HKID No.	Home Address and Phone No.	Relationship	Percentage %
<b>Total</b>					<b>100 %</b>

**Witness (Please filled in by 2 witnesses. Designated Heir or Successor could not be witness)**

Name :	Name:
HKID No.:	HKID No.:
Address and Phone No,	Address and Phone No,
Signature:	Signature:

I, \_\_\_\_\_, am a member of the University Credit Union. In accordance with Article 23 of the Credit Unions Ordinance, Laws of Hong Kong, I now designate the above person(s) as my lawful successor(s). The successor(s) can withdraw the deposit from my account according to the above percentage after my decease

Signature :

Date :



## 直接付款授權書 Direct Debit Authorization Form

收款人一方 (受益人) Name of party to be credited (The Beneficiary)	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之編號 Account No. to be credited
<b>University Credit Union</b>	<b>0   1   5</b>	<b>2   5   7</b>	<b>1   0   4   0   0   0   0   2   2</b>

1. 本人/吾等現授權本人/吾等之下述銀行，(根據受益人不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬予上述受益人。  
I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.
2. 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。  
I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
3. 如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及個別承擔全部責任。  
I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
4. 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。  
I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.
5. 本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早之日期為準)。  
This authorization shall have effect until further notice or until the below written expiry date (which shall first occur).
6. 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交本人/吾等之銀行。  
I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

**Please write in Block Letters 請以英文正楷填寫**

本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人/吾等之賬戶號碼 My/Our Account No.
本人/吾等在月結單/存摺上所紀錄之名稱 My/Our Name as recorded on Statement/Passbook	本人/吾等在月結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook		
Limit for Each Payment 每次的付款限額	本人/吾等之簽名 My/Our Signature(s)		日期 Date
N.A.	<b>X</b>		
債務人之姓名(若非賬戶持有人) Name of Debtor (if other than account holder)		債務之參考(社員號碼) Debtor's Reference (Membership No.)	
以下由銀行填寫 For Bank Use Only		Signature Verified	

### 附註 NOTES

1. 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如 貴戶意欲本直接付款授權書無限期有效(或直至 貴戶予以撤銷為止)，則請將該欄留空。  
This Direct Debit Authorization will be cancelled automatically on the date included in the box marked 'Expiry Date'. If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.
2. 請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。  
Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

填妥本授權書後，請交回 貴戶之往來銀行  
Please complete and return this form to your banker

聯絡電話號碼：  
Contact Phone No. :