

## AMICUS Fujitsu joining form for recruitment competition:

Please complete all questions and use block capitals, and return completed form to: Ian Allinson, Fujitsu Services, Wenlock Way, West Gorton, M12 5DR (or MAN05 internally). **See our web sites for rules of the recruitment competition.**

### About you

Surname:	Date of birth:	Male/Female
Forename:	Personnel no:	Mr/Mrs/Ms/Miss
Home address:		
Postcode		
Home phone:	National Insurance no (if known):	
Email address:		

### Your employer

Industry: *IT*

Employer's name in full:

Employer's address in full:

Postcode:

Site of work (e.g. man05):

Area within site (e.g. TB07):

Are you earning less than £195 gross per week?  YES  NO

### Your payment for MSF membership

Current subscription rates are on the "JOIN AMICUS" page of our web site, at [www.ourunion.org.uk/join.htm](http://www.ourunion.org.uk/join.htm) or on CafeVIK at <http://www.cafevik.fs.fujitsu.com/viewer.asp?/content/0289/public/00002/2002subs.htm>

### Equal opportunities

MSF wants to provide the best possible service to all our members, and target information to meet your needs. **All information will be treated in the strictest confidence and will not be revealed to any third party.**

Do you regard yourself as a person with a disability?  YES  NO

Which broad ethnic group do you belong to?

White  Afro-Caribbean  Asian  Other (please specify).....

### Your MSF membership

I apply to become a member of AMICUS (MSF section). If accepted, I undertake to observe AMICUS rules.

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

Recruited by (name): \_\_\_\_\_  
(you can both win prizes in our recruitment competition)

### For official use only:

Branch name: <i>Greater Manchester IT Branch</i>	Branch number: <i>9827</i>
Job code:	Subs category:
Membership no:	Employer code:
Group ref.: <i>9 8 2 7</i>	



Please fill in the whole form INCLUDING THE "OFFICIAL USE" BOX except for the MSF membership number using a ball point pen

## Instruction to your Bank or Building Society to pay by Direct Debit

Originators Identification Number

**9 8 5 9 9 2**

Name(s) of Account Holder(s)

\_\_\_\_\_

Bank/Building Society account number

\_\_\_\_\_

Branch Sort Code

\_\_\_\_\_

Name and full postal address of your Bank or Building Society

To: The manager Bank/Building Society

Address

\_\_\_\_\_

Postcode

Reference Number (MSF Membership number)

\_\_\_\_\_

Banks and Building Societies may not accept instructions to pay direct debits for some types of accounts.

FOR MSF OFFICIAL USE ONLY  
This is not part of the instruction to your Bank or Building Society.

I wish to pay the sum of £ \_\_\_\_\_

Annually  Half yearly

Quarterly  Monthly

My preferred payment date is (ie 01 for first day of month) \_\_\_\_\_

Month commencing \_\_\_\_\_

### Instruction to your Bank or Building Society

Please pay MSF 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 MSF and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**This guarantee should be detached and retained by the Payer.**

## The Direct Debit Guarantee



*This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building society*

*If the amounts to be paid or the payment dates change, **MSF** will notify you **10** working days in advance of your account being debited or as otherwise agreed*

*If an error is made by **MSF** or your Bank or Building Society, you are guaranteed a full and immediate refund from your Branch of the amount paid*

*You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to **MSF***