

MEMBERSHIP APPLICATION FORM

Clondalkin Credit Union Limited



43 Tower Road, Clondalkin, Dublin 22.

Membership No.

Personal Details:

Mr Mrs Miss Ms Other
Please Specify

First Name (Block Capitals)

Surname (Block Capitals)

Address

Number of years at this address

House Apartment Flat

Owner Tenant Living with Parents

Home Telephone No:

Mobile No:

Email Address

Male Female

Single Married Other
Please Specify

Date of Birth
Day Month Year

Tax I.D. Number

Country of Residence

If less than five years at your current address, please state your immediate prior address:

Spouse Name

Spouse A/c No.

Employment Details

Employers Name

Work Address

Work Telephone No.

No. of years with this employer

Occupation

Place of Birth

I hereby apply for membership of and agree to abide by the rules of Clondalkin Credit Union Limited, and declare that I am not or have not been a member of any credit union other than those listed as follows:

The information given by me on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information given by me in connection with my application for or my membership with Clondalkin Credit Union Limited may result in termination of my membership, apart from any other legal sanctions that may apply.

Applicant's Signature

Date:

Witness to Signature

Address of Witness

IN THE EVENT THAT THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A PERSON WHO IS UNABLE TO GIVE RECEIPTS:

I/We hereby apply for membership in the name of the said..... and I/we acknowledge that all shares/deposits arising from this membership now and hereafter shall be his/her sole property and all withdrawals shall be applied to his/her sole benefit.

Signature(s):

Relationship (e.g. Parent, Guardian etc.)

Date:

MEMBERSHIP APPLICATION FORM *(Continued)*

(THIS SECTION TO BE COMPLETED BY THE CREDIT UNION)

Evidence of Identification

(Copies must be attached)

(Complete one or more of the following)

- Personally known to.....*(Print name of officer)*
- Current Valid Passport
- Current Valid Driving Licence
- Current Valid I.D. Card (with photo) e.g. from known employer, school, college etc.
- Other (Please specify)
- Related to member number Relationship.....

Evidence of Address Verification

(Copies must be attached)

(Complete one or more of the following)

- Original Recent Household Bill
- Electoral Register.....
- Telephone/Street Directory
- Bank or Building Society Statement
- Other (Please specify)

Application approved and details verified in accordance with the Credit Union Rules by:

Signed:..... Date:.....
(Membership Committee)

FORM OF NOMINATION

(THIS SECTION TO BE COMPLETED BY THE MEMBER FOLLOWING ADMISSION ONLY)

I, (print name)

of (print address)

a member of Clondalkin Credit Union, hereby revoke all previous nominations and nominate the following person or persons

Name(s).....

Address(es)

to become entitled to such property in the credit union (whether in savings, loans, insurances with the exception of the Death Benefit Insurance, if applicable, or otherwise), not exceeding the limit of the amount for the time being authorised by law which I may have at the time of my death. The proceeds, if applicable, of the Death Benefit Insurance may be applied by the credit union towards my vouched funeral/bereavement expenses and if not so applied shall be paid to the person(s) referred to above.

Notes:

Under section 21(4) of the Credit Union Act, 1997 a nomination shall not be revocable or variable by the will of the nominator or by any codicil to his/her will.
Under section 21(6) of the Credit Union Act, 1997 the marriage of a member of a credit union shall operate as a revocation of any nomination made by him/her before his/her marriage.

Signed:..... Date:.....

To be completed by Witness (The witness shall not be the nominee)

Signed: Print Name:.....

Address: Occupation:.....

..... Credit Union Employee Yes No