

ST MICHAEL'S CREDIT UNION LIMITED



MEMBERSHIP APPLICATION

ACCOUNT AMENDMENT APPLICATION

PLEASE COMPLETE IN BLOCK CAPITALS

TYPE OF A/C	REGULAR	<input type="checkbox"/>
	SPECIAL	<input type="checkbox"/>
	3 YEAR	<input type="checkbox"/>
	5 YEAR	<input type="checkbox"/>

FOR OFFICE USE	
ACCOUNT NUMBER	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
No Existing A/c. <input type="checkbox"/>	

NAME

ADDRESS

DATE OF BIRTH

PREVIOUS ADDRESS

How long at present address? YRS.

How long at previous address? YRS.

TELEPHONE (H) (W) (M)

DATE JOINED

MARITAL STATUS

ACCOM. HOME OWNER RENTED TENANT WITH FAMILY

EMPLOYER NAME

OCCUPATION YEARS

EMPLOYER ADDRESS

FULL TIME **PART TIME**

PERMANENT **TEMPORARY**

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

I accept and understand that the balance in the above numbered account in my name will be refunded to me by St Michael's Credit Union Limited in the event of my membership application being disapproved. 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 the credit union may result in termination of my membership, apart from any other legal sanctions that may apply.

PLEASE DEDUCT DIRT TAX FROM MY ACCOUNT AT SOURCE Please Tick Yes No **Signed**

APPLICANT'S SIGNATURE Date:

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.

Signed: Parent(s)/Guardian(s)/Other Date:

EVIDENCE OF IDENTIFICATION *Complete one or more of the following:* (Copies attached)

CURRENT VALID PASSPORT CURRENT VALID DRIVERS LICENCE CURRENT VALID ID CARD OTHER*

(WITH PHOTO)

*Specify: PPS No./TIN No.

Delete appropriate

EVIDENCE OF ADDRESS IDENTIFICATION *Complete one or more of the following* (Copies attached)

ORIGINAL RECENT HOUSEHOLD BILL ORIGINAL BANK/BUILDING SOCIETY STATEMENT OTHER*

*Specify:

Application taken by: Proposed by: Seconded by:

Application approved and details verified in accordance with the standard rules by: (Membership Committee) Date:

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CONSENT TO DISCLOSURE

I understand that under the Data Protection Acts, 1988 and 2003 (the "DPA"), my consent may be required for the credit union to process personal data which it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data within the meaning of the DPA, the processing of which requires my explicit consent. I also understand that under Section 71 of the Credit Union Act, 1997, the credit union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction of mine with the credit union.

For the purpose of assessing my application for membership, assessing any loan applications which I may make to you and generally for administering and monitoring any accounts I have with the credit union, including any loan accounts I have from time to time with you, I consent:

(i) to you seeking information concerning applications for loans and my credit history from any credit union and from any credit reference bureau or agency operated or arranged by the Irish League of Credit Unions and for that purpose you may disclose any information in any loan application which I may make to you or which you may have concerning me to any such credit union or to any such credit reference bureau or agency; and

(ii) to any credit union or any credit reference bureau or agency operated or arranged by the Irish League of Credit Unions disclosing information to you concerning applications for loans and my credit history with any such credit union or otherwise; and

(iii) to the processing of any information relating to me, either contained in this form or otherwise, for the purpose of assessing applications and administering any accounts I maintain with the credit union.

Please note that you have the right to access personal data held about you by the credit union and to correct any inaccuracies in such data.

Applicant's Signature: Date:Witnessed by:

ST MICHAEL'S CREDIT UNION LIMITED

FORM OF NOMINATION

ACCOUNT NUMBER
| | | | | | |

I, (Print Name)
of (Print Address)
..... in the county of
a member of St Michael's Credit Union Limited, hereby revoke all previous nominations and nominate the following person or persons,

NAME	ADDRESS	RELATIONSHIP

to become entitled to such property in the credit union (whether in savings, loans, insurances with the exception of the Death Benefit Rider, 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 Rider 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.

Note:
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 of 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.

Dated this the day of 20

SIGNATURE

Witness Signature Witness Print Name

Address (Please Print)

..... Occupation

WITNESS SHALL NOT BE THE NOMINEE