



## Blanchardstown & District Credit Union Limited

9 Blanchardstown Business Centre,  
Clonsilla Road, Blanchardstown, Dublin 15.

Tel: 01 820 3495 Fax: 01 820 8836  
Email: [info@blanchardstowncu.ie](mailto:info@blanchardstowncu.ie) (General Queries)  
Email: [loans@blanchardstowncu.ie](mailto:loans@blanchardstowncu.ie) (Loans Queries)  
Website: [www.blanchardstowncu.ie](http://www.blanchardstowncu.ie)

### Adult Membership Application

For credit union use only:

Account Number: \_\_\_\_\_

#### Personal Details:

First Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Marital Status: \_\_\_\_\_

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

Length of time at present address: \_\_\_\_\_

Owner  Private Tenant  Mortgage   
Living with Parent  Local Authority  Other

If living at this address less than 3 years, please state previous address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: Home: \_\_\_\_\_

Tel. Mobile: \_\_\_\_\_

PPSN Supplied: Yes  No

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

Are you in current employment? Yes  No  If you have answered yes please fill out the following:

#### Employment Details:

Company Name: \_\_\_\_\_

Length of time in current employment: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Main source of wealth/funds: Wages  Welfare  Other  Details of other: \_\_\_\_\_



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### Form of nomination

**\*\*A NOMINATION is a legally binding, written instruction** where the member specifies the person or persons that they wish their funds held in the **Credit Union** to be transferred to in the event of their death.

For credit union use only:

Account Number: \_\_\_\_\_

I, (PRINT NAME) \_\_\_\_\_ of (PRINT ADDRESS) \_\_\_\_\_

Being a member of Blanchardstown & District Credit Union Limited, hereby nominate the following person or persons;

Name:	Address:	Date of birth:	Contact number	Relationship to Member

Member's Signature:	Witnessed by BDCU staff:
Print Name:	Print Name:
Date:	Date:

### For Office Use Only

Evidence of Identification: (Copies must be attached)	Please ✓	Evidence of Address: (Copies must be attached)	Please ✓	Evidence of PPSN (Copies must be attached)	Please ✓
Current Valid Passport or Travel Document		Original Recent Household Bill		Payslip	
Current Valid Driving Licence		Statement from a Credit Institution		Medical Card	
EU National Identity Card		Correspondence from a State Agency, Public Body or Local Authority		P60/P45	
Birth Certificate (MINORS ONLY)		Motor/House Insurance Renewal letter		Drugs Payments Scheme Card	
Other (Please Specify)		Correspondence from Department of Social Protection		PAYE Notice of Tax Credits	