



BLANCHARDSTOWN & DISTRICT CREDIT UNION LIMITED

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.

Member Number: _____

I, (PRINT NAME) _____

of (Print Address) _____

being a member of Blanchardstown & District Credit Union Limited, hereby nominate the

Signature of member: _____

Date: _____

Name:	Address:	Date of birth:	Contact number

For Office Use Only

Proof of Identity:	Valid Passport <input type="checkbox"/>	Driving Licence <input type="checkbox"/> Other <input type="checkbox"/> _____
Proof of address:	Utility Bill <input type="checkbox"/>	Bank statement <input type="checkbox"/> Other <input type="checkbox"/> _____
Proof of PPSN:	Requested: YES <input type="checkbox"/> NO <input type="checkbox"/>	Received: YES <input type="checkbox"/> NO <input type="checkbox"/>
AML Risk entered on system:	YES <input type="checkbox"/> NO <input type="checkbox"/>	PEP: YES <input type="checkbox"/> NO <input type="checkbox"/>

Opening Hours

Monday 9.30am - 5.00pm

Tuesday 9.30am - 5.00pm

Wednesday 10.30am* - 5.00pm

Thursday 9.30am - 5.00pm

Friday 9.30am - 5.00pm

Saturday 9.30am - 5.00pm

*To facilitate staff training the office will open at 10.30am on Wednesday.

Tel: 01 820 3495

Fax: 01 820 8836

Website: www.blanchardstowncu.ie

Email: info@blanchardstowncu.ie (general queries)

Email: loans@blanchardstowncu.ie (loans queries)