



## 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 following person or persons:

Name:	Address:	D.O.B:	Relationship:	Contact Number:

**Signature of member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### 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	9.00am – 2.00pm

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

**Tel:** 018203495

**fax:** 018208836

**Website:** [www.blanchardstowncu.ie](http://www.blanchardstowncu.ie) **Email:** [info@blanchardstowncu.ie](mailto:info@blanchardstowncu.ie) (general queries)

**Email:** [loans@blanchardstowncu.ie](mailto:loans@blanchardstowncu.ie) (loans queries)