

Adult Membership Application Form

For credit union use only:
Account Number: _____

Personal Details:

First Name(s): _____ Surname: _____

Date of Birth: _____

Nationality: _____

Marital Status: _____

Address: _____

Eircode _____

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: _____

Income Information:

As a financial services provider, we are obliged to obtain income information from the members we serve. Please complete the following section as completely as possible.

Source of income/wealth	Amount	Frequency		
		Weekly	F'nightly	Monthly
Wages/Salary	€ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Pension	€ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Pension	€ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Welfare payment	€ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income	€ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	€ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details if other _____				

Employment Information (where applicable)
Occupation: _____
Employer Name: _____
Employer Address: _____

Length of time with current employer: ____ years ____ months

Expected monthly lodgement on CU Account: €0 - 1,000 €1,000 -€3,000 €3,000 +

Information for 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:	Please	Proof of Address & Proof of Working in Area if required (Dated within 6 months)	Please ✓	Evidence of PPSN	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	

****We must sight the original documents and they must be in date to be acceptable and within regulatory guidelines****

***PPS Card not acceptable as photo ID or proof of PPSN**