



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 (General Queries)

Email: loans@blanchardstowncu.ie (Loans Queries)

Website: 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:	Please	Proof of Address & Proof of Working in Area if required (Dated within 3 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****