

MEMBERSHIP APPLICATION FORM

(Republic of Ireland)

PLEASE COMPLETE IN BLOCK CAPITALS

Name (print): _____

Member No: _____

Address (print): _____

Date of Birth: ____/____/____
(DD/MM/YYYY)

PPS No: _____

Eircode: _____

Occupation: _____

Mobile Tel: _____

Home Tel: _____

Work Tel: _____

Email: _____

I hereby apply for membership of and agree to abide by the rules of Kilcloon Credit Union and declare that I am a member of the following credit unions:

Purpose of the Account:

I confirm that the account is for my own personal use and benefit: _____ (Yes / No)

If you answered **No** above, please specify the name and address of the beneficial owner of the account:

The information given by me on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information given by me in connection with my application for membership may result in termination of my membership, apart from any other legal sanctions that may apply.

Applicant's Signature: _____

Date: _____

IN THE EVENT THAT THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A MINOR OR A PERSON WHO IS UNABLE TO SIGN FOR RECEIPTS:

I/We hereby apply for membership in the name of _____ and I/we acknowledge that all shares/deposits arising from this membership now and hereafter shall be his/her sole property and all withdrawals shall be applied to his/her sole benefit.

In the event of the account being opened by more than one person it is required that both parties / either party (delete as appropriate) be present to make withdrawals.*

Please note that when a minor can sign for the necessary receipts, the signing parent/guardian will no longer have access to the account unless authorised by the account holder.

Signed: _____

Date: _____

Parent(s)/Guardian(s)

Consent to use and disclosure/Data Protection Acts, 1988 and 2003 and Section 71 of the Credit Union Act, 1997 (as amended)

I understand that under the Data Protection Acts, 1988 and 2003 (the "DPA"), my consent may be required for Kilcloon Credit Union to process personal data that it may have in its possession concerning me (including disclosure to third parties). I acknowledge that this personal data may include sensitive personal data, such as data about my health, within the meaning of the DPA, the processing of which requires my explicit consent. I also understand that under Section 71 of the Credit Union Act, 1997 (as amended), Kilcloon Credit Union, subject to exceptions listed in Section 71, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction of mine with Kilcloon Credit Union.

Giving your consent

For the purpose of assessing my application for a loan and generally for administering and monitoring any accounts I have with Kilcloon Credit Union, I consent:

- (i) to Kilcloon Credit Union seeking information concerning applications for loans and my credit history from the date of my original consent from any other credit union and for that purpose Kilcloon Credit Union may disclose any relevant information in this loan application to any such other credit union;
- (ii) to any other credit union disclosing information to Kilcloon Credit Union concerning applications for loans and my credit history from the date of my original consent with any such other credit union;
- (iii) to Kilcloon Credit Union disclosing any information in my application, or in respect of any account or transaction of mine with the Kilcloon Credit Union from the date of my original consent to authorised officers or employees of the Irish League of Credit Unions for the purpose of fulfilling requirements

under the Savings Protection Scheme if such a scheme is operated on behalf of the Kilcloon Credit Union by the Irish League of Credit Unions;

- (iv) to Kilcloon Credit Union disclosing any information in my application or in respect of any account or transaction of mine with Kilcloon Credit Union authorised officers or employees of ECCU Assurance Company Limited for the purpose of provision of insurance cover, which may apply, subject to the terms and conditions of cover provided by ECCU Assurance Company Limited to Kilcloon Credit Union as policyholder.
- (v) to the processing of any information relating to me, either contained in this form or any other form or application, for the purpose of assessing this application and administering any accounts I maintain with Kilcloon Credit Union.

Correspondence

For convenience, it may be necessary for Kilcloon Credit Union to contact you via email or text message. Please note Kilcloon Credit Union maintains the right to contact you by such means as best available to it in relation to a non-performing loan, or outstanding debt to Kilcloon Credit Union.

Marketing

From time to time, Kilcloon Credit Union would like to inform you of goods, services, competitions and/or promotional offers from Kilcloon Credit Union and carefully selected third parties, which may be of interest to you. **Your details are never given directly to any third party.** The use of your details for marketing purposes will depend on the preferences that you express below:

Opt-In (Marketing by email, text message and fax)

☐

I/We consent to Kilcloon Credit Union, or carefully selected third parties, informing me/us of goods or services that may be of interest to me/us by email, text message or fax and available from Kilcloon Credit Union and carefully selected third parties.

Opt-Out (other forms of marketing)

☐

Please tick the box opposite if you do **not** want Kilcloon Credit Union to inform you by phone or letter of goods, services, competitions and/or promotional offers that may be of interest to you that are available from Kilcloon Credit Union and carefully selected third parties.

Please note that you have the right to access personal data held about you by Kilcloon Credit Union and to correct any inaccuracies in such data.

Signature of Applicant: _____

Date (DD/MM/YYYY): _____

Witnessed by: _____



Kilcloon
Credit Union

Kilcloon Parish & District Credit Union Ltd
The Square
Kilcock
Co. Kildare

Tel: 01 628 7824
Fax: 01 628 4407
E: info@kilcu.ie
W: www.kilcu.ie

THIS SECTION TO BE COMPLETED BY THE CREDIT UNION

(All documentation must be attached)

PPS Indicator

Yes / No

Evidence of Identification

(Complete one or more of the following)

- | | |
|--|--------------------------|
| Current Valid Passport | <input type="checkbox"/> |
| Current Valid Driving Licence | <input type="checkbox"/> |
| ML10 Identification Form from the Garda Síochána | <input type="checkbox"/> |
| Official Identity Card (document issued by the
Revenue Commissioners or the Department of
Social and Family Affairs) | <input type="checkbox"/> |
| Other* | <input type="checkbox"/> |
| *Please Specify _____ | |

Evidence of Address

(Complete one or more of the following)

- | | |
|--|--------------------------|
| Original Recent Household Bill | <input type="checkbox"/> |
| Electoral Register | <input type="checkbox"/> |
| Document from Revenue Commissioners or other Govt Dept | <input type="checkbox"/> |
| Original Recent Bank/Building Society Statement | <input type="checkbox"/> |
| Telephone/Street Directory | <input type="checkbox"/> |
| Other* | <input type="checkbox"/> |
| *Please specify _____ | |

Evidence of Parentage/Guardianship

Type of ID: _____ ☐

Note: Evidence of parentage/guardianship should be obtained and held for future dealings in relation to the account.

Application approved and details verified in accordance with the standard rules by:

Signed: _____ Date: _____
(Membership Committee)

Signed: _____ Date: _____
(Membership Committee)