

**APPLICATION FOR MEMBERSHIP**  
**Muintir Clanna Caoilte Credit Union Limited**

Membership Number: \_\_\_\_\_

\*Name: Mr/Mrs/Ms. \_\_\_\_\_ \*Employer: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Address: \_\_\_\_\_

\_\_\_\_\_ \*Occupation: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Telephone: \_\_\_\_\_

\*Mobile: \_\_\_\_\_ Nationality: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*P.P.S. No. \_\_\_\_\_

\* Please state previous address:

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I hereby apply for membership of and agree to abide by the rules of the above credit union, and declare that I am not or have not been a member of any credit union other than those listed as follows:

Credit Union \_\_\_\_\_ A/c No. \_\_\_\_\_

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 or my membership with the credit union may result in termination of my membership, apart from any other legal sanctions that may apply.

Consent to use and disclosure/Data Protection Acts, 1988 and 2003

I understand that under Data Protection Acts, 1988 and 2003, (the DPA) my consent may be required for the credit union to process personal data which it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data 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, the credit union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction of mine with the credit union.

For the purpose of assessing my application for membership, assessing any loan applications which I may make to you and generally for administering and monitoring any accounts I have with the credit union, including any loan accounts I have time to time with you, I consent:

1. to you seeking information concerning applications for loans and my credit history from any credit union affiliated to the Irish League of Credit Unions ('the League') and from any credit reference bureau or agency operated or arranged by the League and for that purpose you may disclose any information in any loan application which I may make to you or which you may have concerning me to any such credit union or to any such credit reference bureau or agency; and
2. to any credit union affiliated to the League or any credit reference bureau or agency operated or arranged by the League disclosing information to you concerning application for loans and my credit history with any such credit union or otherwise.
3. to the processing of any information relating to me, either contained in this form or otherwise, for the purpose of assessing applications and administering any accounts I maintain with the credit union; and
4. to the processing of any information relating to me, either contained in this form or otherwise, for the purpose of the credit union, or third parties selected by the credit union, informing me of goods or services which might be of interest to me.

If you do not want your information to be used for the purposes mentioned in 4 above, please tick the box opposite

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

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed By: \_\_\_\_\_

## D.I.R.T. TAX

<p><b>I wish to avail of Option A Regular Share Account and fully understand that it is my responsibility to declare my Credit Union dividend to the Revenue Commissioners.</b></p> <p>Member Signature _____</p> <p>Member Account No. _____</p>	<p><b>I wish to avail of Option B Special Share Account and understand that Muintir Clanna Caoilte Credit Union ltd. Will deduct tax from my dividend on my behalf and forward it to the Revenue Commissioners on my behalf.</b></p> <p>Member Signature _____</p> <p>Member Account No. _____</p>
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**IN THE EVENT THAT THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A PERSON WHO IS UNABLE TO GIVE RECEIPTS:**

I/We hereby apply for membership in the name of the said \_\_\_\_\_ 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.

Signed: \_\_\_\_\_ Parent (s) / Guardian (s) / Other

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(THIS SECTION TO BE COMPLETED BY MUINTIR CLANNA CAOILTE CREDIT UNION)**

<u>Evidence of Identification</u>	<u>Evidence of Address Verification</u>
<p style="text-align: right; color: blue;">Copies must be attached</p> <p>Current Valid Passport <input style="float: right;" type="checkbox"/></p> <p>Current Valid Driving Licence <input style="float: right;" type="checkbox"/></p> <p>Current Valid I.D. Card (with photo) e.g. from known employer, school, college etc., <input style="float: right;" type="checkbox"/></p> <p>Birth Certificate <input style="float: right;" type="checkbox"/></p> <p>PPS No. _____ <input style="float: right;" type="checkbox"/></p> <p>Other _____ <input style="float: right;" type="checkbox"/></p>	<p style="text-align: right; color: blue;">Copies must be attached</p> <p>Original Recent Household Bill <input style="float: right;" type="checkbox"/></p> <p>Electoral Register <input style="float: right;" type="checkbox"/></p> <p>Telephone/Street Directory <input style="float: right;" type="checkbox"/></p> <p>Original Bank/Building Society Statement <input style="float: right;" type="checkbox"/></p> <p>Parents Account Number _____ <input style="float: right;" type="checkbox"/></p> <p>Parents Address used (only to be used for persons under 18 years of age) <input style="float: right;" type="checkbox"/></p> <p>Other _____ <input style="float: right;" type="checkbox"/></p>

*Application approved and details verified in accordance with the Standard Rules by:*

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Membership Committee)

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Membership Committee)