



## Membership Application Form

To open an account please print off and complete this form and return it to  
Coolock Artane Credit Union, Artane Roundabout, Artane, Dublin 5.

Personal Details	Employment Details
Membership No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	Employee <input type="checkbox"/> Employer <input type="checkbox"/> Home Maker <input type="checkbox"/>
Title:    Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	Retired Unemployed <input type="checkbox"/>
First Name(s): <input style="width: 90%;" type="text"/>	Job Description: <input style="width: 90%;" type="text"/>
Surname: <input style="width: 90%;" type="text"/>	Employer's Name: <input style="width: 90%;" type="text"/>
Home Address: <input style="width: 90%;" type="text"/>	Gross Annual Salary: <input style="width: 90%;" type="text"/>
Address Line 2: <input style="width: 90%;" type="text"/>	Will your income be paid into the Credit Union? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address Line 3: <input style="width: 90%;" type="text"/>	<b>Contact Details:</b>
Address Line 4: <input style="width: 90%;" type="text"/>	Home Phone No: <input style="width: 90%;" type="text"/>
Country: <input style="width: 90%;" type="text"/>	Mobile Phone No: <input style="width: 90%;" type="text"/>
Date of Birth: <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> (Day/Month/Year)	Email Address: <input style="width: 90%;" type="text"/>
Marital Status: <input style="width: 90%;" type="text"/>	
Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/>	
Nationality: <input style="width: 90%;" type="text"/>	
(As per your identity documents)	

### Product Information (required information- please complete)

In the future Coolock Artane Credit Union would like to use your personal data for the purposes of offering you other products and services that Coolock Artane Credit Union thinks may be of interest to you. Are you happy to receive this information by the following;

Mail: Yes  No                       SMS: Yes  No                       Email: Yes  No

### Nomination

(To be completed if 16 years of age or over)

Nominee Name:

Relationship:

To become entitled to such property in the credit union (whether in savings, loans, insurances with the exception of the Death Benefit Insurance) not exceeding the limit of the amount for the time being authorised by the law I may have at the time of my death.

Note: Under section 21(4) of the Credit Union Act 1997, a nomination shall not be revocable or variable by the will of the nominator or by any codicil of his/her will. Under section 21(6) of the Credit Union Act 1997, the marriage of a member of a credit union shall operate as a revocation of any nomination made by his/her marriage.

I, hereby apply for membership of and agree to abide by the rules of Coolock Artane Credit Union Ltd, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief and that I am not, nor have been a member of any credit union other than listed below. I understand that any false or misleading information given by me in connection with my application for membership with Coolock Artane Credit Union Ltd may result in termination of my membership apart from any other legal sanctions that may apply. This application is subject to ratification by Coolock Artane Credit Union Ltd membership committee.

**Other Credit Union** .....

**Other Credit Union**.....

**Member Signature: X** \_\_\_\_\_

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

**PLEASE NOTE:**

**ALL COMPLETED APPLICATION FORMS MUST BE RETURNED TO COOLOCK ARTANE CREDIT UNION IN PERSON WITH 2 RELEVANT FORMS OF IDENTIFICATION SUCH AS;**

- 1. PHOTO IDENTIFICATION; A VALID PASSPORT/DRIVERS LICENCE AND**
- 2. AN ORIGINAL BILL OR BANK STATEMENT (MUST BE DATED WITHIN THE LAST THREE MONTHS)**

## Data Protection Act

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

I/We understand that under Data Protection Acts, 1998 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/We 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/We understand that under section 71 of the Credit Union Act, 1997, the Credit Union, subject to exceptions listed in this 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.

I/We are not indebted to any other credit union, bank or loan agency either as borrower or guarantor, except as stated above on the mortgage or credit details section.) The information given by me/ us on this form is made for the purpose of obtaining a loan, and is true to the best of my/our knowledge and belief.

For the purpose of assessing my application for membership and any loan which I/We may make to Coolock Artane Credit Union and generally for administering and monitoring any accounts I/We have with the Credit Union.

I/We consent:

- (i) to the credit union seeking information concerning applications for loans and my credit history from any credit union, credit reference bureau, credit reference agency, Irish Credit Bureau ("ICB") for the purpose that the credit union may disclose any information in any loan application which I/we may make to Coolock Artane Credit Union or which the credit union may have concerning me to any such credit union or to any such Credit reference bureau or agency.
- (ii) to the Credit Union disclosing any information in any application (including loan applications) or in respect of any account or transaction of mine/ours with the Credit Union to officers and employees of the Irish League of Credit Unions (ILCU) and or the Credit Union Development Association (CUDA) for the purpose of fulfilling our requirements and under the savings protection scheme if such a scheme is operated on behalf of the Credit Union by ILCU or CUDA
- (iii) to any credit reference bureau, credit reference agency, or other agency, disclosing information to the Credit Union concerning applications for loans and my credit history with any such credit union or otherwise.

I understand that I have the right to access personal data held about me by the credit union and to correct any inaccuracies in such data.

**In the event that application for membership is in respect of a person who is unable to operate the account on their own behalf**

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

**Application approved and details verified in accordance with Coolock Artane credit union policy:**

Staff Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Membership Officer: X \_\_\_\_\_ Date: \_\_\_\_\_