

BOND HOLDER ACC. NO.					



**St. Paul's**  
Garda Credit Union

ACCOUNT NUMBER					

Boreenmanna Road, Cork. Tel: 021 431 3355 Fax: 021 431 0746 Email: enquiries@stpaulscu.ie Web: www.stpaulscu.ie

## APPLICATION FOR MEMBERSHIP

(Please use BLOCK CAPITALS and read the explanatory notes before completing this form)

Applications submitted without full details and documentation cannot be considered and will be returned to applicant.

1. PERSONAL INFORMATION	
APPLICANT'S NAME:	DATE OF BIRTH: <span style="float: right;">MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></span>
HOME ADDRESS:	STATION:
PREVIOUS ADDRESS:	HOW LONG AT THIS ADDRESS (YEARS)
TELEPHONE (HOME):	(WORK):
TELEPHONE (MOBILE):	EMPLOYER'S NAME: FULL TIME / CASUAL / TEMPORARY:
TELEPHONE (WORK):	TELEPHONE (MOBILE):
EMPLOYER'S NAME: & ADDRESS: (NON GARDA MEMBERS)	OCCUPATION:
PREVIOUS EMPLOYER:	HOUSEHOLDER:
PPS NUMBER:	OWN HOUSE/RENTED/LIVING WITH PARENTS:
BANK DETAILS: ACCOUNT NO:	SORT CODE:
SECURITY QUESTION: (to validate your identity when contacting the Credit Union). Choose one of the following: Favourite Film: _____ OR First School: _____	

2. FAMILY MEMBERS	<i>This section to be completed in respect of family membership only (non Garda members)</i>
State the relationship of Applicant to Bond Holder _____	
<b>Please note that an applicant for family membership must reside with the Bond Holder</b> (Rule 14, Standard Rules)	

3. EVIDENCE OF ADDRESS AND IDENTIFICATION	<i>Please indicate which of the following forms of identification are provided - tick accordingly.</i>
Current Valid Passport <input type="checkbox"/> Current Valid Driving Licence <input type="checkbox"/> Current Valid Photo ID Card <input type="checkbox"/> Original Bank / Building Society Statement <input type="checkbox"/>	
Other* <input type="checkbox"/> *Specify: _____	
<i>Please note that two forms of identification are required, including one with a photograph and documentary evidence of PPS number.</i>	

4. METHODS OF PAYMENT
Amount per week/fortnight/month: € _____ Deduction from Pay <input type="checkbox"/> Pension <input type="checkbox"/> Direct Debit <input type="checkbox"/>

5. ACCOUNT TYPE	<i>Decide which type of account you wish to have by ticking the appropriate box.</i>
<input type="checkbox"/> I wish to have my Shares held in a <b>"Special" Share account.</b> (Any Dividend due will be credited net of DIRT by St Paul's Garda Credit Union Limited, and this will satisfy in full my liability in respect of the Dividend payment on this account.)	
<b>Or</b>	
<input type="checkbox"/> I wish to have my Shares held in an <b>"Ordinary" Share account.</b> (St Paul's Garda Credit Union Limited will pay any gross Dividend due into my account each year. Dividend is subject to taxation at my marginal tax rate, and, it is my responsibility to inform the Revenue Commissioners of the Dividend payment in my annual income Tax return.)	

**6. CAR & CASH DRAWS** *Note: Inclusion in draw is subject to terms and conditions*

I wish to be included in the car and cash draws @ €6.50 per month Yes  No

St. Paul's Garda Credit Union Ltd. occasionally communicates with its members to keep them informed of developments, new products etc. If you do not wish to be contacted, please tick this box

**7. FORM OF NOMINATION**

**ACCOUNT NUMBER**

I, (Applicant) \_\_\_\_\_

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of (Print address) \_\_\_\_\_

\_\_\_\_\_ in the county of \_\_\_\_\_

a member of St. Paul's Garda Credit Union, hereby revoke all previous nominations and nominate the following person or persons:

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

to become entitled to such property in the credit union (whether in savings, loans, insurances with the exception of the Death Benefit Rider if applicable or otherwise), not exceeding the limit of the amount for the time being authorised by 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 revokeable or variable by the will of the nominator or by any codicil to 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 him/her before his/her marriage.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature (Applicant): \_\_\_\_\_ Witness' Signature: \_\_\_\_\_ ( )

Witness' Address: \_\_\_\_\_

Witness' Occupation: \_\_\_\_\_ **THE WITNESS SHALL NOT BE THE NOMINEE**

**8 CONSENT TO DISCLOSURE**

I understand that under Data Protection Act 1988, my consent may be required for the Credit Union to disclose data it may have in its possession concerning me to third parties. 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 any loan applications which I may make to you and generally for monitoring a loan account if granted and any loan account I have from time to time with you, I consent:

(i) 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 such credit union or to any such credit reference bureau or agency, and

(ii) 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 applications for loans and my credit history with any such credit union or otherwise.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**9. DECLARATION**

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

**OTHER CREDIT UNIONS:** \_\_\_\_\_

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.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application taken by: \_\_\_\_\_ Proposed by: \_\_\_\_\_ Seconded by: \_\_\_\_\_  
( ) ( ) ( )

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



## *Membership Application Form – Explanatory Notes*

**Please take some time to read these notes which should assist you in how to correctly complete all sections of the membership form.**

**Membership of St. Paul's Garda Credit Union Ltd. is governed by Rule 14 (Standard Credit Union Rules) and the Credit Union Act, 1997**

### **Section 1. Personal Information**

Please ensure that all the requested information is provided in full and that all details are entered using block capitals. **Documentary evidence of your PPS number is required.**

### **Section 2. Family Members**

This section should only be completed by applicants who are not members of An Garda Síochána. Marriage certificates are required where applicable. **Please note that all applicants must reside with the Bond Holder, ie the member of An Garda Síochána.**

### **Section 3. Evidence of Address & Identification**

The Criminal Justice Act, 1994 places a statutory obligation on St. Paul's Garda Credit Union Ltd. to take reasonable measures to establish the identity of any person who applies for membership. All applicants must provide documentary proof of their address. This condition will only be satisfied by providing **two forms of address**, one of which should be a recent utility bill. **All applicants** must also provide photographic evidence of their identity and documentary evidence of PPS number.

### **Section 4. Method of payment**

Please indicate clearly how payment will be made, e.g. Payroll/Pension Deduction, Paypath, and Direct Debit.

*Where payment is to be made by Direct Debit ensure that a **Direct Debit Mandate** is correctly completed and forwarded to St. Paul's Garda Credit Union Ltd.*

### **Section 5. Account Type**

Select "Special" share account to have D.I.R.T. deducted from any dividend applied to your account or select "Ordinary" share account where you will be obliged to make your own return to the Revenue Commissioners in respect of any dividend applied to your account.

### **Section 6. Car & Cash draws.**

Please tick **yes** if you wish to be included for monthly car draws with extra draws for cars and cash at Christmas, Easter and Summer. Entry to the draws is confined to members **over eighteen years of age**, only. Inclusion in each draw is subject to terms and conditions and a copy of the rules is available on request.

St. Paul's Garda Credit Union Ltd. occasionally sends information to its members to keep them informed of new developments etc. **Please tick the box if you wish to be contacted**

### **Section 7. Form of Nomination**

This section must be completed **by the person applying for membership**. The person who is nominated **cannot** be the witness to the signature. Do not complete for child applicants.

### **Section 8. Consent to Disclosure**

This section is also self explanatory. It enables St. Paul's Garda Credit Union Ltd. to comply with the Data Protection Act and ensures that any loan application you make is dealt with efficiently and without undue delay.

### **Section 9. Declaration.**

Please read this section carefully. It is acceptable to be a member of more than one Credit Union, once you declare same.

### **All applicants must provide evidence of their date of birth.**

*e.g. a copy of a birth certificate, a current passport or a current driving licence*

**NB** **Please ensure that you have completed all sections correctly, as failure to do so will cause delays, as the form will be returned to you for correction and /or clarification.**

Your completed application form should be returned to our offices at Boreenmanna Rd, Cork where it will be considered by the membership committee. The decision of the membership committee will be notified to you.