Bailieborough Credit Union Limited

MEMBERSHIP APPLICATION (JOINT ACCOUNT)

Membership No:_____ Date:_____

JOINT ACCOUNTS

SURNAME:	SURNAME:
CHRISTIAN NAME:	CHRISTIAN NAME:
DATE OF BIRTH	DATE OF BIRTH
Telephone No Home:	Telephone No Work:
HOME ADDRESS:	HOME ADDRESS:

The person responsible for (a) Operating the Account and obtaining loans is:

(b) Voting in respect of this account is:

Occupation No.1	(2)
Name of Employer:	(2)
Address of Employer:	(2)

MEMBERSHIP OF OTHER CREDIT UNIONS (Past or Present):

APPROVED BY MEMBERSHIP OFFICER: _____

DATE:

VERIFICATION OF IDENTITY (In compliance with the Criminal Justice Act 1994)

Evidence of Identification		Evidence of Address	
1.	Valid Passport ☐	1.	Recent Household Bill ☐
2.	Valid Driving Licence ☐	2.	Electoral Register ☐
3.	Birth Certificate ☐	3.	Original Bank Statement ☐
4.	Social Welfare Recipient ☐	4.	Others Please specify ☐

Other please specify _____

NOMINATION FORM

I/We _____

OF _____

IN THE County of _____ Being a member of

Bailieborough Credit Union Limited hereby nominate

1. _____
2. _____

of _____

As the person(s) to become entitled to such property in this Credit Union(whither in Savings, loans,Insurance 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 which I may have at the time of my death.

DATED: _____

SIGNATURE: _____

WITNESS: _____

Print Name & Address of witness: _____

(witness shall not be the nominee)

I hereby apply for Membership and agree to abide By the Constitution and Rules of Bailieborough Credit Union Limited 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 those listed on this Application Form

Applicants Signatures:(1)_____(2) _____