

Membership No: _____ Date: _____ <p style="text-align: center;"><u>SINGLE ACCOUNT</u></p>	<p style="text-align: center;"><u>VERIFICATION OF IDENTITY</u> (In compliance with the Criminal Justice Act 1994)</p>		
Name: _____ Address: _____ Telephone No: _____ Date of Birth: _____ Occupation: _____ Name of Employer: _____ Address of Employer: _____ MEMBERSHIP OF OTHER CREDIT UNIONS (Past or Present): 1. _____ 2. _____ In the event that the application for membership is in respect of a person who is unable to give receipts: I hereby apply for membership in the name of the said _____ _____ and I 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: _____ APPROVED BY MEMBERSHIP OFFICER: _____ DATE: _____	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> Evidence of Identification 1. Valid Passport <input type="checkbox"/> 2. Valid Driving Licence <input type="checkbox"/> 3. Birth Certificate <input type="checkbox"/> 4. Social Welfare Recipient <input type="checkbox"/> 5. Others please specify <input type="checkbox"/> _____ _____ </td> <td style="width:50%; border: none;"> Evidence of Address 1. Recent Household Bill <input type="checkbox"/> 2. Electoral Register <input type="checkbox"/> 3. Original Bank Statement <input type="checkbox"/> 4. Others Please specify <input type="checkbox"/> _____ _____ </td> </tr> </table> <p style="text-align: center;"><u>NOMINATION FORM</u></p> I _____ 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: _____ <p style="text-align: right;">(witness shall not be the nominee)</p>	Evidence of Identification 1. Valid Passport <input type="checkbox"/> 2. Valid Driving Licence <input type="checkbox"/> 3. Birth Certificate <input type="checkbox"/> 4. Social Welfare Recipient <input type="checkbox"/> 5. Others please specify <input type="checkbox"/> _____ _____	Evidence of Address 1. Recent Household Bill <input type="checkbox"/> 2. Electoral Register <input type="checkbox"/> 3. Original Bank Statement <input type="checkbox"/> 4. Others Please specify <input type="checkbox"/> _____ _____
Evidence of Identification 1. Valid Passport <input type="checkbox"/> 2. Valid Driving Licence <input type="checkbox"/> 3. Birth Certificate <input type="checkbox"/> 4. Social Welfare Recipient <input type="checkbox"/> 5. Others please specify <input type="checkbox"/> _____ _____	Evidence of Address 1. Recent Household Bill <input type="checkbox"/> 2. Electoral Register <input type="checkbox"/> 3. Original Bank Statement <input type="checkbox"/> 4. Others Please specify <input type="checkbox"/> _____ _____		
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 Signature: _____