



APPLICATION FOR MEMBERSHIP (Republic of Ireland)
Shercock Credit Union Limited

Name: .....

Membership Number:.....

Table with 10 columns for PPSN entry

Address: .....

PPSN Indicator.....Y/N

Occupation: .....

Telephone: .....

Date of Birth: ...../...../.....
Day/Month/Year

If the applicant is less than five years at the above address, please state the immediate prior

address: .....

I hereby apply for membership of and agree to abide by the rules of the above credit union.

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.

Source of Funds: .....

Purpose of the Account .....

I confirm that the account is for my own personal use and benefit.....Yes/No

If you ticked No above, please specify the beneficial owner; .....

Applicant's Signature:.....

Date:.....

TAKE TIME TO READ THE PRIVACY NOTICE OF THE CREDIT UNION WHICH OUTLINES HOW AND WHY WE PROCESS YOUR PERSONAL DATA. A COPY IS AVAILABLE FOR YOU TO TAKE AWAY AND YOU CAN ACCESS THE PRIVACY NOTICE AT ANY TIME ON www.shercockcreditunion.com. Please tick to confirm you have received the privacy notice. [ ]

**Receipt of obligatory notices by email**



There are certain notices that credit unions are obliged to provide from time to time. Please provide your email address if you would like to receive these obligatory, **non-marketing** communications by email (for example notice of the Annual General Meeting). This will assist the Credit Union in reducing its carbon foot print and will also reduce costs.

**Email address:**

**Please note that we maintain the right to contact members by such means as best available to us in relation to a non-performing loan or outstanding debt to the credit union, including by text or email.**

**IN THE EVENT THAT THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A MINOR WHO IS UNABLE TO GIVE RECIEPTS BY VIRTUE OF THEIR AGE AT THE TIME OF OPENING THE ACCOUNT**

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.

*In the event of the account being opened by more than one person it is required that: both parties / either party\* be present to make withdrawals.*

*In the event of the account being opened by a person other than a parent/guardian of the member, [insert name of parent or guardian] \_\_\_\_\_ as parent/guardian\* shall be nominated to give any necessary receipts should the member be unable to do so.*

*Please note that when the minor can make the necessary receipts, the signing parent/guardian will no longer have access to the account.*

**Signed:**..... **Date:** .....

**Parent(s)/Guardian(s)/Other\***



(THIS SECTION IS TO BE COMPLETED BY THE CREDIT UNION)

**Evidence of Identification<sup>1</sup>**

(Copies must be attached)

(Complete one or more of the following)

- Current Valid Passport
- Current Valid Driving Licence
- ML10 Identification Form from the Garda Siochana
- National Identity Card
- Other\* Please specify.....

**Evidence of Address Verification**

(Copies must be attached)

(Complete one or more of the following)

- Original Recent Household Bill
- Electoral Register
- Document from Revenue Commissioners  
or other Government Departments
- Original Recent Bank/Building Society Statement
- Telephone/Street Directory
- Other\* \*Please specify.....

**Application approved and details verified in accordance with the standard rules by:**

**Signed:** ..... (Membership Committee) **Date:**...../...../.....

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<sup>1</sup> Note that as at April 2018 the Public Service Card cannot be either requested, or accepted if volunteered, as a form of identification/PPSN verification.

## Your Marketing Preferences



As part of improving our service to you, from time to time, we would like to inform you of goods, services, competitions and/or promotional offers available from us. We may wish to use different means when sending such marketing communications. Please now indicate by which methods, **if any**, you consent to being contacted by ticking **Yes** to each method of communication below-

	Yes
Post	<input type="checkbox"/>
Email	<input type="checkbox"/>
Text	<input type="checkbox"/>
Landline call	<input type="checkbox"/>
Mobile call	<input type="checkbox"/>

Signature of applicant	
Date:	DD MM YYYY
<p>You have a right to notify us free of charge at any time of your right to refuse such marketing by writing to/emailing Shercock Credit Union/shercockcreditunion@eircom.net or by using the "opt-out" options in any marketing message we send you.</p> <p>Please contact us directly should you wish to change or withdraw your consent.</p>	

**[Note to Credit Union, this consent, where completed, should be recorded]**