



Clanmaurice Credit Union Ltd

Lacca, Ballyduff, Tralee, Co. Kerry

Phone : 066 7131277

Fax : 066 7131534

Web : www.clanmauricecu.ie

Email : info@clanmauricecu.ie

Member Number

Date

MEMBERSHIP APPLICATION FORM

Contact Details

Name	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
PPSN	<input type="text"/>

Membership Details

Date Joined	<input type="text"/>
Startup Account	<input type="text"/>
Deduct DIRT	<input type="text"/>

NO
PHOTOGRAPH

Accommodation Details

Accommodation Type	<input type="text"/>	Years	<input type="text"/>
--------------------	----------------------	-------	----------------------

Employment Details

Employer Name	<input type="text"/>		
Address	<input type="text"/>		
Occupation	<input type="text"/>	Years	<input type="text"/>
Status	<input type="text"/>		

Personal Details

Date of Birth	<input type="text"/>
Marital Status	<input type="text"/>
No. of Dependents	<input type="text"/>

Declaration:

- I hereby apply for membership of and agree to abide by the rules of Clanmaurice Credit Union Ltd, and declare that I am not or have not been a member of any credit union other than those listed as follows:
- I accept and understand that the balance in the above numbered account in my name will be refunded to me by Clanmaurice Credit Union Ltd in the event of my membership application being disapproved.
- 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	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>

Witness Signature	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>

Member Identification

Application Status

OFFICE USE ONLY

Identification Type	Copy Attached
---------------------	---------------

Taken by	<input type="text"/>	Date	<input type="text"/>
Proposed by	<input type="text"/>	Date	<input type="text"/>
Seconded by	<input type="text"/>	Date	<input type="text"/>
Approved by	<input type="text"/>	Date	<input type="text"/>



Clanmaurice Credit Union Ltd

Lacca, Ballyduff, Tralee, Co. Kerry

Phone : 066 7131277

Fax : 066 7131534

Web : www.clanmauricecu.ie

Email : info@clanmauricecu.ie

Member Number

Date

MEMBERSHIP APPLICATION FORM

DATA PROTECTION

(Consent to Use and Disclosure/Data Protection Acts 1998 and 2003 and Section 71 of the Credit Union Act, 1997.)

I understand that under the Data Protection Acts, 1988 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 note that this personal data may include sensitive personal data, such as data about my health, within the meaning of the DPA, the processing of which requires my explicit consent. 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 my application for membership, assessing any loan applications which I may make to you and generally for administering and monitoring any accounts I have with the Credit Union, including any loan accounts I have from time to time with you, I consent:

- 1 (i) to you seeking information concerning applications for loans and my credit history from the date of my original consent from any Credit Union and for that purpose you may disclose any relevant information in any loan application which I may make to you or which you may have concerning me to any Credit Union;
- (ii) to any Credit Union disclosing information to you concerning applications for loans and my credit history from the date of my original consent with any such Credit Union;
- (iii) to you disclosing of any information in any application (including loan applications) or in respect of any account or transaction of mine with the Credit Union from the date of my original consent to officers or employees of the Irish League of Credit Unions for the purpose of fulfilling our requirements and under the Savings Protection Scheme if such scheme is operated on behalf of the Credit Union by the Irish League of Credit Unions; and
- (iv) to the processing of any information relating to me, either contained in this form or any other form or application, for the purpose of assessing applications and administering any accounts I maintain with the Credit Union.

2. From time to time, the Credit Union, or third parties selected by the Credit Union, may use your details to inform you of goods and/or services which may be of interest to you. The use of your details for marketing purposes will depend on the preferences that you express below:

☐ **Opt in (marketing by email, text message and fax)**

I consent to the credit union, or third parties selected by the credit union, informing me of goods or services that may be of interest to me.

☐ **Opt Out (other forms of marketing)**

Please tick the box opposite if you do **not** want the credit union or third parties selected by the credit union, to inform you by phone or letter, of goods or services that may be of interest to you.

Please note that you have the right to access personal data held about you by the credit union and to correct any inaccuracies in such data.

Member Signature

X

Print Name

Date

Witness Signature

Print Name

Date