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## APPLICATION FOR ACCOUNT(S) TO BE HELD IN JOINT NAMES

Account Holder:			Member Name To Be Added to Account(s)							
Address:			Addr	ess:						
Phone Number			Date D	of Birth	: M	М	Υ	Υ	Υ	Υ
Member/Reg Num	ber:		Mem	ber/Reg	Numbe	r:				
I authorise the foll	owing account(s) to be ma	de joint:								
All Accounts:	OR please specify ac	count number	(s):							
	Budget Account									
	Share Account									
	Special Share Account									
	Current Account									
and are entitled to rall his/her interest in	on the creation of a joint acc make withdrawals independer I the joint account holder incl older and that both parties sha	ntly of one anoth uding all accruals	er. We al s, additio	so unde	rstand th to and ir	hat on	the deces sha	eath of a all becom	a joint a me the	ccount holder, property of the
<b>Note:</b> We recomme inform the Credit Ur	nd that you take this opportu nion in writing.	nity to review you	ır nomine	ees, mak	e any ne	ecessa	ry ame	ndment	s if requ	uired and
	aw to hold up-to-date identitentification and address for bo				omply v	vith thi	s requi	rement,	please	include up-to-
Evidence of  Must be a clear pictu issue/ex  OR D	Proof of current address:  Must be issued within the last 6 months.  Household utility bill  OR Bank/Credit Card statement  OR Car/Home Insurance Cert				Proof of PPSN:  Public Service Card Not Accepted  P60/Tax Credit Cert.  OR  Payslip  OR  Social Welfare documents					
Signature of Accou	int Holder:	V	Sign:	ature of		r to be		I to Acc	ount:	V

The details provided in this form together with any other information that is furnished to us in connection with this form will be retained and processed by St. Raphael's Garda Credit Union Ltd in accordance with the Privacy Notice which is available on our website and in our offices.