

Email: info@dubco.ie
Web: www.dubco.ie



Little Green Street
Dublin 7
Tel: 01 887 0400
Fax: 01 887 0499

**DUBCO CREDIT UNION LIMITED
FAMILY MEMBER UNDER 16 YEARS OF AGE
MEMBERSHIP APPLICATION**

NOTE: Dubco Credit Union Limited cannot extend credit facilities to a Family Member under 16 years of age.

Surname	PPS Number
First Name	Date of Birth

Current Permanent Address

Contact Information

Home Tel	Work Tel	Mobile Tel
Email address		@

Other Information (delete whichever does not apply)

Saving Method	Payroll / Credit Transfer
Were you a member of Dubco previously?	Yes / No
Participate in Death Benefit Insurance?	Yes / No
Statements to be posted to	Home

NOTE: On or after the date that the Family Member reaches 16 years of age the Family Member hereby confirms that they will complete the form(s) and submit the identification documentation as deemed appropriate by Dubco Credit Union Limited. Pending the completion of the formalities as stated above Dubco Credit Union Limited may maintain an account open for the Family Member on such terms and conditions as it deems appropriate.

I hereby apply for membership of Dubco Credit Union Limited and agree to abide by its rules and declare that the information given herein is true & correct

Member Signature	
Witness (print name)	
Witness Signature	
Address of Witness	
Date	

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IN THE EVENT THAT THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A PERSON WHO IS UNABLE TO GIVE RECEIPTS: *

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 guardian / parent it is required that both parties / either party (delete as appropriate) be present to make withdrawals.

In the event of the account being opened by a person other than a guardian / parent of the member, [insert name of guardian / parent]

as guardian / parent shall be nominated to give all necessary receipts and instructions in relation to the account, should the member be unable to do so, unless the said guardian / parent has given written instructions to the contrary.

Signature: _____
Guardian(s)/Parent(s)/Other

Signature: _____
Guardian(s)/Parent(s)/Other

Date: _____

Type of Account

Regular Share	Yes / No	Account Number
Special Share	Yes / No	

Office Use

Type of identification submitted	
PPS Verification	
Direct Debit / Deduction Mandate Completed?	Yes / No
Regular Contribution & Frequency	
Qualifying Account Number	
Qualifying Account Name	
Relationship to Qualifying Member	

* Not being deemed capable of opening or operating an account by themselves, which in the case of juveniles is taken to be under the age of seven years. The applicant is obliged to nominate the parent or guardian of that person / juvenile to give all receipts on their behalf in respect of the account. On reaching the age of 7, the instruction can be changed in writing by the Parent/Guardian to allow the child to withdraw money from the account. Anyone can lodge to the account.