

Leixlip Credit Union



Application for Membership

Leixlip Credit Union
44 Main Street
Leixlip, Co Kildare
Tel 01-6244930
Fax 01-6244790

Please fill in all your details, and post or deliver this form to the address above

Applicant's Name: Member's Number: _____

Address: _____

Telephone (Home): Telephone (Work): _____

Occupation: _____ PPS Number: _____

Date of Birth:

I hereby apply for membership of Leixlip and District Credit Union Ltd. , 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 not, been a member of any credit union other than those listed below:

In the event that the applicant is a person 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.

Signed: Parent(s)/Guardians(s)/Other

Date: _____

Applicant's Signature: Date: _____

Evidence of Identification

Complete one or more of the following (copies must be attached):

Personally known to: _____ (Name of officer)

Current Valid Passport

Current Valid Driving Licence

Current Valid I.D. Card

Any Other (specify): _____

Evidence of Address Verification

Complete one or more of the following (copies must be attached):

Original Recent Household Bill:

Bank or Building Society Statement:

Driving Licence

Any Other (specify): _____

Application approved and details verified in accordance with the Standard Rules by:

Signed: _____
(Membership Committee)

Signed: _____
(Membership Committee)

Signed: _____
(Membership Committee)