



FORM 10 - COHABITANTS FORM

STATUTORY DECLARATION OF COHABITANTS AS DEFINED IN THE CIVIL PARTNERSHIP AND CERTAIN RIGHTS AND OBLIGATIONS OF COHABITANTS ACT, 2010

Name of Applicant 1:	Name of Applicant 2:
<input type="text"/>	<input type="text"/>
Address:	
<input type="text"/>	

We, the above named, of the above address, aged eighteen years and upwards HEREBY DECLARE as follows:

1. We are familiar with the term 'cohabitant' as defined in Section 172 of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act, 2010 (hereinafter referred to as 'the Act').
2. We are Cohabitants of one another as defined in the Act.
3. We confirm that neither of us are currently married nor are party to an agreement to marry any third party.
4. We understand the effect and importance of this declaration which has been fully explained to us by our solicitor.
5. We make this solemn declaration conscientiously believing it to be true for the satisfaction of St. Raphael's Garda Credit Union Limited and pursuant to the provisions of the Statutory Declarations Act, 1938.

Signature of Applicant 1:	Date:								
<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Signature of Applicant 2:	Date:								
<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Declared before me, _____ [name in capitals] a commissioner for oaths/practising solicitor/peace commissioner by:

Applicant 1: (print name)	Applicant 2: (print name)
<input type="text"/>	<input type="text"/>

[who is/are personally known to me] or [who is/are identified to me by who is personally known to me]

Signed: (commissioner for oaths/practicing solicitor, peace commissioner)	<div style="border: 1px solid black; padding: 20px; text-align: center;">Company Stamp</div>							
<input type="text"/>								
Date:								
<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

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