ST. RAPHAEL'S GARDA CREDIT UNION YOUR FINANCIAL FORCE



1-2 Fox & Geese, Naas Road, Dublin 22. Phone: 0818 24 7 365 or 01-4273900 Fax: 01-6856718 Email: enquiries@straphaelscu.ie Web: www.straphaelscu.ie

APPLICATION FOR ACCOUNT(S) TO BE HELD AS A JOINT TENANCY

Account Holder:	Member To Be Added to Accounts(s)								
Address:	Address:								
Date of Birth:DDMMYYY	Date of Birth:DDMYYY								
Member/Reg Number:	Member/Reg Number:								

In the event of two or more persons having to make an application for a joint tenancy, all must sign the application and provide the above details.

I authorise the following account(s) to be made joint:

All Accounts:	OR please specify account number:										
	Budget Account										
	Share Account										
	Special Share Account										
	Current Account										

We understand that on the creation of a joint account both parties become legally and beneficially entitled to the funds in the account and are entitled to make withdrawals independently of one another. We also understand that on the death of a joint tenant, all his/her interest in the joint tenancy including all accruals, additions thereto and insurances shall become the property of the surviving tenant and that both parties shall be jointly & severally liable for any other balances outstanding on the account(s).

Note: We recommend that you take this opportunity to review your nominees, make any necessary amendments if required and inform the Credit Union in writing.

We are required by law to hold up-to-date identity and address details. In order to comply with this requirement, please include an up-to-date evidence of identification and address, as set out below:

Evidence of identification: Must be a clear picture, be current and show issue/expiry dates. Passport OR Driving Licence						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						
Signa	Signature of Account Holder: Signature of Member to be Added to Account:																
Date:						_			Date:		_			_			

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.