



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

<b>Account Holder</b>
<b>Address</b>
<b>Phone Number</b>
<b>Member / Reg Number</b>

<b>Member Name to be added to Account(s)</b>								
<b>Address</b>								
<b>Date of Birth</b>								
<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	
<b>Member / Reg Number</b>								

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

**All Accounts:**  **OR please specify account number(s):**

Budget Account

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 account holder, all his/her interest in the joint account holder including all accruals, additions thereto and insurances shall become the property of the surviving account holder 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 up-to-date evidence of identification and address for both parties, 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

<b>Signature of Account Holder</b>								
<b>Date</b>								
<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	

<b>Signature of Member to be added to Account</b>								
<b>Date</b>								
<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 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.