



APPLICATION FOR JOINT MEMBERSHIP

JOIN US...



WE PUT YOU FIRST

Registered office: 8 The Exchange, Calmount Park, Ballymount, Dublin 12

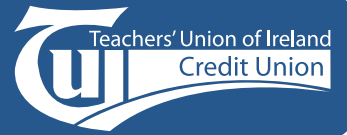
Phone (01) 4266060 Outside 01: 1850 741600 Fax (01) 4266004

Email membership@tuicu.ie www.tuicu.ie

Teachers' Union of Ireland Credit Union Limited is regulated by the Central Bank of Ireland

JOINT MEMBERSHIP APPLICATION

Please complete all sections in BLOCK CAPITALS



1st Applicant's Details

Male Female Name
Home Address

PPSN We will only use this number for the purpose of complying with reporting obligation to the Revenue Commissioners Date of Birth
How long with present employer? Occupation Name and location of employer
Home Phone Work Phone Email Mobile
Are you or have you ever been a US citizen or US tax Resident? Yes No

2nd Applicant's Details

Male Female Name
Home Address

PPSN We will only use this number for the purpose of complying with reporting obligation to the Revenue Commissioners Date of Birth
How long with present employer? Occupation Name and location of employer
Home Phone Work Phone Email Mobile
Are you or have you ever been a US citizen or US tax Resident? Yes No

- We hereby apply for membership and We agree to abide by the rules and the decisions of the Board of Directors of TUI Credit Union
- We declare that the information given by us on this form is true and correct to the best of our knowledge (a copy of the rules can be obtained by contacting the Credit Union)
- All shares in the credit union will be held jointly by us. On death of one of us, all monies and insurance shall become the property of the surviving account holder
- We are jointly and severally liable for any loan on the account
- We do not require separate statements of account

1st Applicant's Signature

Date



2nd Applicant's Signature

Date



I understand that under the Data Protection Acts, 1988 and 2003 (the “DPA”), my consent may be required for the credit union to process personal data that it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data, such as data about my health, within the meaning of the DPA, the processing of which requires my explicit consent.

I also understand that under Section 71 of the Credit Union Act, 1997, the credit union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction of mine with the credit union.

Giving your consent

For the purpose of assessing my application for a loan and generally for administering and monitoring any accounts I have with the credit union:

I consent:

- (i) to you seeking information concerning applications for loans and my credit history from the date of my original consent from any other credit union and for that purpose you may disclose any relevant information in this loan application to any such other credit union;
- (ii) to any other credit union disclosing information to this credit union concerning applications for loans and my credit history from the date of my original consent with any such other credit union;

- (iii) to you disclosing any information in my application or in respect of any account or transaction of mine with the credit union from the date of my original consent to authorised officers or employees of the Irish League of Credit Unions for the purpose of fulfilling requirements under the Savings Protection Scheme if such a scheme is operated on behalf of the credit union by the Irish League of Credit Unions; and

- (iv) to the processing of any information relating to me, either contained in this form or any other form or application, for the purpose of assessing this application and administering any accounts I maintain with the credit union.

Correspondence

For convenience, it may be necessary for the credit union to contact you via email or text message. Please note the credit union maintains the right to contact you by such means as best available to it in relation to a non-performing loan or outstanding debt to the credit union.

Email address:

Mobile no.:

MARKETING

From time to time, the Credit Union (or third parties selected by the Credit Union) may use your details to inform you of our services, products and competitions. The use of your details for marketing purposes will depend on the boxes you tick below:

1st Applicant	Post	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2nd Applicant	Post	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Text Message	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Text Message	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Email	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Email	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Phone	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Phone	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note that you have the right to access personal data held about you by the Credit Union and to correct any inaccuracies in such data.

1st Applicant’s Signature

Date

X

2nd Applicant’s Signature

Date

X

Please Note: When applying for Joint Membership an entirely new account will be opened. If you currently have a sole account with TUI Credit Union it will remain open and any monies in it will remain unless you instruct us in writing to close the sole account and transfer monies to the new Joint Account.

PLEASE HELP US:

What/who has encouraged you to apply for Membership

A Colleague Advertising Family Member Other

If Other please state:

JOINT ACCOUNT MANDATE

Loans

The consent and signature of both joint account holders is required to apply for a loan on the account. We are aware that we will be jointly and severally liable for any loan on the account.

Withdrawals

The account holders authorised to withdraw monies from this Joint Account are: (please tick as appropriate)

i. Either one of us (solely) ii. Both of us (jointly)

Warning:

Payments from a Joint Account will only be made in accordance with the latest signing instructions governing the operation of the Joint Account.

If your signing instructions are that payments can be made from a Joint Account on the signature of any one of the Joint Account holders, money in the Joint Account may be withdrawn or paid without the knowledge of the other Joint Account holders.

Notwithstanding any dispute between Joint Account holders, we will continue to apply the existing signing instructions until we receive new written instructions signed by all of the Joint Account holders.

If you require further information as to what this means for you, you may wish to obtain independent legal advice.

Other Instructions

The consent and signature of both Joint Account holders is required for any other instructions on the account.

Voting

Credit Union Rules allow one vote per member. If one party/both parties to the Joint Account already has an account in their own name(s) then that member(s) will not have the voting rights to the Joint Account (a copy of the rules can be obtained by contacting the Credit Union). The name of the account holder entitled to vote in respect of this account is:

Incapacity

Where the Board of Directors is satisfied, after considering medical evidence, that an account holder who is responsible for the operation of the account is incapable by reason of a mental or physical condition to manage and administer the property in the account, the responsibility shall pass to the other account holder.

We hereby agree that this mandate shall remain in full force and effect until an amending mandate shall be communicated to the Credit Union under our joint signatures.

Signature

Print Name

Signature of witness

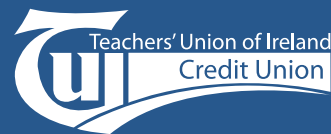
Date (DD/MM/YYYY)

Signature

Print Name

Name and address of witness

SIMPLE STEPS TO BECOME A MEMBER



**NOTE: INCOMPLETE APPLICATIONS OR MISSING PAPERWORK
WILL DELAY IN THE PROCESSING OF YOUR APPLICATION**

1. COMPLETE YOUR MEMBER APPLICATION

Ensure you have signed the application (see marked **X**).

2. ATTACH THE FOLLOWING

Evidence of identification - Photographic Identification

1 PHOTOCOPY OF VALID* PHOTO ID, such as

1st Applicant

- Photocopy of a valid Passport
- Photocopy of a valid Driver's Licence

Name(s) and photograph on each piece of identification must match applicant

*VALID – In Date

2nd Applicant

- Photocopy of a valid Passport
- Photocopy of a valid Driver's Licence

Evidence of Address Verification - Proof of address

1 PHOTOCOPY OF ADDRESS VERIFICATION – One of the following:

1st Applicant

- Photocopy of recent** Utility Bill
- Photocopy of recent** Bank Statement
- Photocopy of recent** Government Issued Documentation

Name(s) on address verification must match applicant

**Recent within the last 3 months

2nd Applicant

- Photocopy of recent** Utility Bill
- Photocopy of recent** Bank Statement
- Photocopy of recent** Government Issued Documentation

Evidence of PPSN – One of the following:

1st Applicant

- Photocopy of recent** payslip
- Photocopy of P60
- Photocopy of Drug Payments Card

2nd Applicant

- Photocopy of recent** payslip
- Photocopy of P60
- Photocopy of Drug Payments Card

PLEASE ENSURE ALL COPIES ARE CLEAR AND LEGIBLE

FOR ASSISTANCE IN COMPLETING YOUR APPLICATION PLEASE contact the office or email membership@tuicu.ie

FOR OFFICE USE ONLY			
Evidence of identification <input type="checkbox"/>	Evidence of Address verification <input type="checkbox"/>	Evidence of PPSN <input type="checkbox"/>	Form completed correctly <input type="checkbox"/>
Risk Profile updated on system <input type="checkbox"/>	Type: <input type="text"/>	Signed: <input type="text"/>	
APPLICATION UPDATED ON SYSTEM <input type="checkbox"/>	Signed: <input type="text"/>	Date: <input type="text"/>	

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