

## **Sarsfield Credit Union Ltd**

Credit Union House, Glentworth Street, Limerick
Phone : 061 317910 Fax : 061 319731
Web : www.sarsfieldcu.ie Email : info@sarsfieldcu.ie

Member Number	
Date	

## **MEMBERSHIP APPLICATION FORM**

		Contact Details		Membership Details
Na	ime		Date Joined	
Ad	dress		Startup Account	Deduct DIRT
To	lephone			
16	ерпопе			NO PHOTOGRAPH
En	nail			
PP	SN			
		Account Information		Employment Details
	rpose / Intended ture of Account		Employer Name	
	urce of Wealth		Address	
So	urce of Funds	Personal Details		
Da	te of Birth	No. of Dependents		
	commodation	Years	Occupation	Years
Ту	ре		Status	
<ul> <li>I accept and understand that the balance in the above numbered account in my name will be refunded to me by Sarsfield Credit Union Ltd in the event of my membership application being disapproved.</li> <li>The information given by me on this form is true and correct to the best of my knowledge and belief.</li> <li>I understand that any false or misleading information given by me in connection with my application for my membership with the Credit Union may result in termination of my membership, apart from any other legal sanctions that may apply.</li> </ul>				
	pplicant's		Witness Signat	ture
Sı	gnature			
Pr	int Name		Print Name	
Da	ate		Date	
	Application S	tatus		
ŊĽ≺	Taken by			Date / / / / / / / / / / / / / / / / / / /
OFFICE USE ONLY	Proposed by			Date / / / /
FICE	Seconded by			Date / / / / / / / / / / / / / / / / / / /
P	Approved by			Date / / / / / /