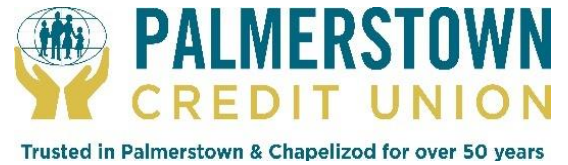


## Referral Form

Referral Form – Ballyfermot Inchicore Credit Union to Palmerstown Credit Union	
<b>Member Information</b>	
Member Name	_____
Member Number	_____
<b>Contact Details</b>	
Phone	_____
Email	_____
<b>Service Requested</b>	
Current Account	<input type="checkbox"/>
Mortgage Loan	<input type="checkbox"/>
<b>Consent Obtained</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
<b>Date of Referral</b>	
_____	
<b>Referred By</b>	
Staff Name	_____
Signature	_____
Date	_____
<b>Acknowledged By Palmerstown Credit Union</b>	
Staff Name	_____
Signature	_____
Date	_____



## Member Consent Form – Referral of Services

I, \_\_\_\_\_ (Member Name),  
hereby consent to Ballyfermot Inchicore Credit Union sharing my personal information with  
Palmerstown Credit Union for the purpose of accessing the following service(s):

- Current Account
- Mortgage Loan

I understand that:

- My data will be shared securely and only as required for the referral.
- I will be deemed a member of Palmerstown Credit Union only for the duration of the service provision, in line with Section 51A of the Credit Union Act 1997 (as amended).
- I may withdraw my consent at any time by notifying Ballyfermot Inchicore Credit Union in writing.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_