

APPLICATION FORM

PLEASE USE BLOCK CAPITALS

Surname:.....

Forename(s):

Staff Number:..... Gender:

Date of Birth:

Home address:.....

.....

Mobile Telephone:

Work Email:

Personal Email:

CURRENT STATUS

Permanent Full-time ☐ Temporary ☐ Agency ☐

Permanent Under 25 Hours: Weekly ☐ Other ☐

If other please specify:

Have you ever been a member of IBOA/IFSU previously?

Yes ☐ No ☐

Employer:

Work Location / Base:

Current Grade / Job Title:

Paid: Weekly ☐ Monthly ☐

TO BE COMPLETED BY UNION REP / MEMBER

Recruited by:

Staff Number:

Work Location:

Signature:

TO BE SIGNED BY APPLICANT

I wish to become a member of the Financial Services Union.
I agree to be bound by the rules of the Union and to the processing of data for the purpose of furthering the objectives of the Union:

- 1. Data will be acquired and managed fairly and used for legitimate purposes for the benefit of our members.
- 2. FSU confirms it is compliant with all GDPR regulations. (See our Privacy Policy at www.fsunion.org)
- 3. FSU has written contracts with all third parties who commit to manage data in line with GDPR regulations.

I hereby give authorisation for my FSU subscription (where applicable) to be deducted from my salary each month.

Signature:

Date:

If you work in BOI, AIB or UBL your signature here is sufficient authorisation and there is no requirement for the SEPA DD Mandate.



FSU Advice Centre are staffed by a dedicated team who are ready to provide members with a first-class information and advice service that supports you in your workplace.

Our aim is to protect the rights and interests of our members, to listen to your employment related queries, to be an important source of information, and to support you in your workplace.

We strive to build on our proud history of excellence and service. We have years of experience helping our members with workplace disputes such as bullying/ victimisation, maternity/paternity rights, disciplinary/ grievance procedure, health & safety.

If you have a question or are unsure of your rights, if you need support or representation, freephone ROI 1800 81 91 91 NI 0800 358 0071 or email us at advice@fsunion.org

Unique Mandate Reference To be completed by Financial Services Union

By signing this mandate form, you authorise: Financial Services Union to send instructions to your bank to debit your account; and your bank to debit your account in accordance with the instructions from the Union. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please fill all fields*

Creditor's Name: FINANCIAL SERVICES UNION

Creditor Identifier: IE75SDD999625

Creditor Address: STEPHEN ST. UPPER

City: DUBLIN 8

Post Code: D08DR9P

Country: IRELAND

Type of payment: Recurrent payment ☒ One-off payment ☐

Debtor Name*

Debtor Address

Town/City

Post Code

Country

Debtor Account Number - IBAN*

Debtor Bank Identifier Code - BIC*

Date*

Signature*