

PLEASE COMPLETE IN BLOCK CAPITALS. PLEASE USE BLACK PEN THROUGHOUT.

1. Please tell us about yourself

Title: Mr Mrs Miss Ms Other
Gender: Male Female
Name to appear on your card:
First Name:
Surname:
Date of Birth: DDMMYY
Nationality:
Mother's Maiden Surname:
Address in full:
Length of time at present address: No. of years No. of Months
Residential Status: Are you
Home owner Tenant Living with parent Local Authority Tenant
If less than 3 years at present address please give previous address:
Home Tel No.:
Work Tel No.:
Mobile Tel No.:
Marital Status: Are you
Married Separated/Divorced Single
No. of dependants, excluding husband and wife:
Email Address:
Please state Affinity usage:
Staff details or Faculty:
Graduation year: 20YY

2. Please tell us about your employment

Self-employed Employee Contract Homemaker
Student Retired Other
Occupation: (Please state position where applicable)
Employer's name and address: (if self-employed give business name and address)
Nature of employer's business:
Your net monthly income: €
Time with present employer or self-employed: Years Months

3. Your financial details

Bank/Building Society:
Branch Address:
Time with Bank: No. of years No. of months
Bank Sorting Code:
Account number:
Is this a joint account: Yes No
If "Yes" is the account repayable to either: Yes No
Is your salary mandated to this account: Yes No
If you do not hold an existing account with Bank of Ireland, you will be requested to submit formal identification documentation.
Type of accounts you hold:
Current Laser Card Savings account
Loan Cheque Card Credit Card
Visa MasterCard
Additional details:

4. Existing Credit Cards - Bank of Ireland Credit Card customers

Bank of Ireland Credit Card number (if held):
Do you wish to close this BOI Credit Card account? Yes No
Existing Credit Limit: €
Current Outstanding Balance: €

5. Balance Transfer Request - Non Bank of Ireland Credit Cards

I wish to transfer the outstanding balance from my existing Credit Card to my new Bank of Ireland Credit Card Account.
The Credit Card number on my existing Credit Card is:
The amount I wish to have transferred is: €
The balance transfer rate only applies to credit card balances transferred from non-Bank of Ireland Credit Card accounts. To complete the Balance Transfer request please send in your last Credit Card statement (original only). All Balance Transfer requests are subject to credit card application approval and allocated credit limit. If you have any direct debits set up on your existing credit card you will need to contact the individual companies to advise them of your new credit card number as soon as you receive it. Bank of Ireland can not accept responsibility for interest or charges applied by any other credit card provider.

6. Other Borrowings

Table with 4 columns: Issuer/Lender (e.g. BOI/AIB), Monthly Commitment, Credit Limit/ Amount Outstanding. Rows include MasterCard, Visa, Mortgage, Other Loans.

If you are a tenant please give monthly rent paid: €
Estimated value of house: €

7. Choice of Payment Date

Tick preferred billing week each month 1st 2nd 3rd 4th

8. Payment Protection (Optional)

I would like to avail of Payment Protection cover and with my signature I confirm (having read the eligibility criteria in the attached brochure) that I am eligible and want to avail of this optional cover. I am signing in the place provided in this section to indicate this.
The monthly premium will be debited from my account at the prevailing charge until cancelled by me in writing.

PAYMENT PROTECTION IS OPTIONAL.

Signature:
Date: DDMMYY

9. Card Protection (Optional)

Please tick one box to protect ALL your cards if they are lost or stolen and to indicate the cover you require.
€25 1 year single
€40 1 year household*
€55 3 years single
€85 3 years household*
*Household policies are for you and up to four others living at the same address. Terms and conditions apply. Please read the CPP policy summary overleaf.
The premium will be debited to your account now and subsequently at the prevailing rate until you tell us that cover is no longer required.

CARD PROTECTION IS OPTIONAL.

10. Additional Cardholders - at no extra cost

Why not share the benefits of your Bank of Ireland Credit Card?
You can apply for up to three additional cardholders on your Credit Card account, but you only pay one Government Stamp Duty. If you require more than one additional card please contact 1890 251 251 for an additional credit card application form.
Gender: Male Female
Name to appear on your card:
First Name:
Surname:
Date of Birth: DDMMYY
I accept and agree to be bound by the Credit Card Conditions of Use as set out overleaf and as may be amended from time to time.
Additional Cardholder's Signature:
SIGN HERE

11. Authorisations and application

Please read (i) this section; (ii) the Consent to Use Personal Data within this brochure; (iii) the Standard European Consumer Credit Information (SECCI) for the product you are applying for (iv) the Terms and Conditions within this brochure; and (v) the Credit Card 'Rates, Fees and Charges' sheet carefully before signing.

Consumer Credit Act
Under the Consumer Credit Act, 1995, a customer's consent is required if the customer wishes the Bank to be able to telephone him/her at his/her place of employment in connection with a credit agreement. From time to time, the Bank may need to contact you during working hours in connection with your account.
Please sign your name here if you wish to give this consent.

Principal Cardholder's Signature:
SIGN HERE

Data Protection Acts
I consent to the details that I am being asked to supply being used to provide me with information about other products and services, either from the Bank of Ireland Group, or which the Bank of Ireland Group has arranged for me with a third party.
If you would not like the information to be utilised for this purpose, please tick this box.
I understand the Bank reserves the right to decline this application. When an application is declined as a result of a database search any and all applicants will be informed in writing as to why the application has been declined.

FOR BRANCH USE ONLY

Date: DDMMYY
Customer Credit Grade: RDC:
M/L: Existing Bank of Ireland Group Customer at 02/05/95? Yes No
If "No", details of identification documentation received, and held, on opening branch account:
Personal identification: Address identification:
Account number: WS Application:
If non BOI customer, full copies of M/L attached
M/L screen created on: DDMMYY
Branch comment:

DIRECT DEBIT MANDATE

If you wish to pay your Credit Card bill by Direct Debit, all you need to do is complete the Direct Debit Mandate Form below and return to:
BANK OF IRELAND CREDIT CARD DIRECT DEBIT SECTION, PO BOX 1102, DUBLIN 2.

Originator Code 30 02 87
Name of Principal Cardholder's Account:
Current Account number:
Bank Sorting Code:
Bank name and address:

Instructions to Bank
I instruct you to pay direct debits from my account at the request of Bank of Ireland Card Services.
The amounts are variable and are to be debited on various dates.
I will inform the Bank in writing if I wish to cancel this instruction.
I understand that if any direct debit is paid which breaks the terms of this instruction, the Bank will make a refund.

Please tick the box below, indicating which direct debit option you require.
You can choose to pay 2.5% (minimum monthly repayment)
Or any of the following fixed percentages of the balance on your statement.
10% 50% 100%
If the mandate is completed and no box is filled, the 2.5% option will apply.

Principal Cardholder's Signature:
SIGN HERE
Date: DDMMYY

Credit Card Number:
Some banks may refuse to accept instructions to pay direct debits from certain accounts.
Please note that the Direct Debit may take one whole statement cycle to take effect. You may be required to make a manual payment in the interim.

To the Bank of Ireland Group
1. I confirm that I am not less than 18 years of age and I certify the accuracy of the information given in this application. 2. I hereby authorise and request the Bank to issue an additional Credit Card and a Personal Identification Number (PIN) to me and each additional cardholder named above (if any) for use on my Credit Card account in accordance with the Conditions of Use, set out overleaf and as may be amended from time to time. 3. I understand the Bank reserves the right to decline this application. When an application is declined as a result of a database search any and all applicants will be informed in writing as to why the application has been declined. 4. I agree that information supplied on this application form may be shared with other credit card issuers in order to prevent and combat fraudulent card applications. 5. To enable the bank to meet its obligations, I agree to furnish the bank with evidence of identity and permanent residence as required and agree that any documentation required to establish such identity, may at any time be passed to any member of the Bank of Ireland Group for this purpose. 6. I consent to you making such other inquiries in connection with this application as the bank deems appropriate. This may include searches of the ICB and multiple other European databases. 7. I consent to the use of my personal data in accordance with the Consent to Use Personal Data set out overleaf which I have read before signing. 8. I have received and read the SECCI relevant to the product I am applying for. 9. I have received and I have read the Credit Card Rates Fees and Charges table relevant to the product I am applying for. 10. I have read and agree to be bound by the Conditions of Use as set out overleaf and as may be amended from time to time, subject to the provisions of the Consumer Credit Act, 1995 and the Consumer Credit Directive, 2010. 11. I hereby authorise the Bank in the event of this application being accepted to inform UCD Foundation and UCD Alumni Relations of such acceptance and to disclose to such person my name, address, affinity, phone number and date of birth.

Principal Cardholder's Signature:
SIGN HERE
Date: DDMMYY

I confirm that the details provided on the application are accurate.
Authorised signature and number:
Branch NSC (NB for FIR Credit):
Branch Contact:
Branch Recommendation: UND G UNT C
For CLB use only ICB:
Application no.:
Card no.:

