

# To apply for your UCD Affinity Credit Card complete and return this form



Bank of Ireland



First Name  Surname

Name to appear on your card  Date of Birth  /  /19

Mother's Maiden Surname (For security purposes in case of lost/stolen card)

Nationality

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. ( )  Marital status - Are you Married  Separated/Divorced

Work Tel. No. ( )

Mobile Tel. No. ( )  Single

Type of mobile Bill  Pay As You Go  Number of Dependents, excluding husband and wife

Email address

Please state affinity: Alumni  Staff  Qualification  Year

### Your Employment Details

Self-employed  Employee  Contract  Homemaker  Graduate  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 time self-employed No. of years  No. of months

Payment Frequency Weekly  Fortnightly  Monthly  Other

### Your Financial Details

Bank/Building Society

Branch Address

Time with Bank No. of years  No. of months

Bank Sorting Code

Account Number

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  LaserCard  Savings account  Visa account

Loan  Cheque Card  American Express  MasterCard

**Please read (i) this section; (ii) the Terms and Conditions enclosed with this application form; and (iii) the Credit Card Rates, Fees and Charges information enclosed with this application form.**

### AUTHORISATIONS AND APPLICATION 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

### DATA PROTECTION ACT

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 that at any time I can ask you to stop or change the methods by which the Bank may send me marketing materials. This can be done free of charge by writing to Bank of Ireland Credit Cards, New Century House, Mayor Street Lower, Dublin 1.

### Balance Transfer Request - Non Bank of Ireland Credit Card Customers

I wish to transfer the outstanding balance from my existing Credit Card account to my new UCD Affinity Credit Card

The Credit Card Number on my existing Credit Card is

The amount I wish to have transferred is €

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 a maximum €3,000 allocated credit limit. If you request to transfer a balance in excess of €3,000 please forward three of your recent credit card statements with this application. 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.

### Existing Credit cards - Bank of Ireland Credit Card customers

Bank of Ireland Credit card Number (if held)

Do you wish to close this Bank of Ireland Credit Card? Yes  No

Existing Credit Limit €  Current outstanding Balance €

### Other Borrowings

Issuer/Lender (e.g. BOI, AIB)	Monthly Commitment	Credit Limit / Amount Outstanding
Mastercard	€ <input type="text"/>	€ <input type="text"/>
Visa	€ <input type="text"/>	€ <input type="text"/>
Mortgage	€ <input type="text"/>	€ <input type="text"/>
Hire Purchase	€ <input type="text"/>	€ <input type="text"/>
Other Loans	€ <input type="text"/>	€ <input type="text"/>

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

### Purchase/Payment Protection (Optional)

I would like to avail of Payment Protection cover and 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  /  /

### 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  1yr. single €55  3yrs. single €40  1yr. household\* €85  3yrs. household\*

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. Terms and conditions apply.

\*Household policies are for you and up to four others living at the same address.

### 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 still 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.

Mr  Mrs  Miss  Ms  Other  Date of Birth  /  /19

First Name  Surname

Name to appear on your card

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. I certify that I am not less than 18 years of age.

First Name  Surname

Additional Cardholder's Signature

### What happens next?

To apply for a UCD Credit Card, simply complete and return this application form in the FREEPOST envelope provided.

### 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 that the Bank reserves the right to decline this application without being required to state a reason. No correspondence will be entered into in the circumstances. 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 under the Criminal Justice Act 1994 (as amended), 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 enquiries in connection with this application as the Bank deems appropriate. 7. I have received and I have read the Credit Card Rates Fees and Charges (set out overleaf). 8. 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 9. 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  Date  /  /20

Please ensure you have answered all questions in all sections

FOR PERSONAL LENDING USE ONLY

App. No.  ICB  Card No.