



Waterford Credit Union - Certificate of Identity Form

PASSPORT PHOTO TO BE ATTACHED TO THIS FORM

SECTION 1: DECLARATION OF APPLICANT

Name: _____

Address: _____

Date of Birth: _____

Please sign in the presence of your Solicitor or General Practitioner (GP)

Signature of Applicant: _____

SECTION 2: DECLARATION OF WITNESS

Please have this section completed by your Solicitor or General Practitioner (GP), who has known you personally for at least two years and must not be related to you in anyway.

I certify that I have satisfied myself as to the identity of the applicant who has signed Section I above in my presence. I certify that the photograph (on the back of which I have signed my name and affixed official stamp) supplied with this application is a true likeness of the applicant. I further certify that I understand that it is an offence to provide false or misleading information in respect of the associated application.

Signature of Solicitor/GP: _____

Name in Block Letters: _____

Address: _____

Date: _____

Tel No: _____

Profession: _____

Official Stamp

REMINDER: RETURN THIS FORM TO WATERFORD CREDIT UNION WITH YOUR BIRTH CERTIFICATE