



SEAMUS CONNAUGHTON EDUCATIONAL BURSARY APPLICATION FORM

Name: _____

Address: _____

Date of Birth: _____

Telephone Number: _____

Email Address: _____

Account Number: _____

Name of Third Level Institute: _____

Name of Course: _____

Course Year: _____

Keeping you informed: Direct Marketing

As part of improving our service to you, from time to time, the Credit Union would like to inform you of goods, services, competitions and or/ promotional officers available from us. The Credit Union may wish to use different means when sending such marketing communications. Please now indicate by which methods you consent to being contacted by:

Post **Email**

Text **Landline**

Mobile

Signature _____

Date _____

I confirm that I have read and understood the terms and conditions of the bursary scheme.

Your data will be held in accordance with the Data Protection Act 2018.

CLOSING DATE: Friday 20th September 2019

The draws will take place on Monday 23rd September 2019

Signature _____

Date _____