

## ADDITIONAL NAMES FOR LEGAL EXPENSES FORM

(Use block capitals)

Name

Name

Name

Name

All applications will be acknowledged.

- This premium applies as at 1st November 2009 only and may be subject to review at any time.
- This includes the cost of the premium and administration of the scheme.
- Insurance is renewable on 1st November each year; there is no carry over period.
- Any premium paid mid-term will not be on a pro-rata basis.

Please return completed forms with fees to:

Irish Foster Care Association,  
Unit 23, Village Green,  
Tallaght, Dublin 24

Tel: 01 459 9474  
Fax: 01 462 8014  
Email: [info@ifca.ie](mailto:info@ifca.ie)

[www.ifca.ie](http://www.ifca.ie)

## VOTING REGISTER

(Use block capitals)

FOR THOSE WHO ARE TAKING OUT FAMILY OR  
GROUP MEMBERSHIP

Please complete below the details of the two persons who are being nominated to vote. These names will be placed on the register of voters.

Name

Name

These two individuals will be the only ones entitled to vote and may be altered with notice in writing to: IFCA Office.

## METHOD OF PAYMENT

NB. Do not send cash

Cheque/Bank Draft

PO

Direct Debit

Credit/Debit Card

## CREDIT/DEBIT CARD PAYMENTS

If you wish to pay your membership or legal expenses insurance by credit/debit card, please complete the following.

Credit/Debit Card Number:

Expiry Date:

Security Code on Signature (last 3 digits)

Amount: €

Holder's name (print)

Holder's signature

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# MEMBERSHIP AND LEGAL EXPENSES INSURANCE

## APPLICATION/RENEWAL FORMS



# SEPA DIRECT DEBIT MANDATE



SEPA Direct Debit Mandate

Unique Mandate Reference (UMR) – to be completed by Irish Foster Carer Association

By signing this mandate form, you authorise (A) the **Irish Foster Care Association** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the Irish Foster Care Association.

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. Note your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

Please complete all the fields marked \*

\* Debtor Name

\* Debtor Address

\* Debtor Account Number - IBAN

\* Debtor Bank Identifier Code - BIC

Creditor's Name Irish Foster Care Association

Creditor's Identifier IE37SDD301909

Creditor's Address Unit 23, Village Green, Tallaght, Dublin 24

\* Type of Payment

Recurrent payment  or One-off payment

\* Date of Signature

\* Please sign here

Please return this mandate to the Irish Foster Care Association

# MEMBERSHIP APPLICATION /RENEWAL FORM

(Use block capitals)

Name

Address

Email

Tel. No.

Branch

Foster Carer   
Relative Carer   
Social Worker   
Other

Please specify \_\_\_\_\_

## MEMBERSHIP CATEGORY

Membership is renewable on the 1st November each year.

First Year Free   
Individual €55   
Family €65   
Group €120

I/We agree to abide by the rules and regulations of the Irish Foster Care Association (available from the IFCA Office).

Signature(s)

Date

Please complete both sides of this form.



# LEGAL EXPENSES INSURANCE APPLICATION/RENEWAL FORM

(Use block capitals)

Name

Address

Tel. No.

IFCA Membership No.

Please print the names of all members of your family permanently residing in your household.

Name

Name

Name

Name

Name

Name

Additional names to be completed at reverse of this form.

## PREMIUM

The cost per policy is €40 per year.

## DECLARATION

I declare that the statements and particulars given in this proposal are, to the best of my knowledge and belief, true and complete and that this proposal will form the basis of my contract with DAS Legal Expenses Insurance Company Ltd.

Signature(s)

Date

