REF: Evelina Saduikyte

SIPTU
Services Industrial Professional & Technical Union

Membership Application Form

SIPTU, Finance & Administration Dept., Liberty Hall
Eden Quay, Dublin 1. Tel: 1890 747 881

Please complete the form using block letters, give full postal address where requested, sign and return to the above address
I wish to apply for membership of SIPTU and agree by its rules and to pay contributions as appropriate under the Rules of the Union

First name: VARDAS

Surname: PAVARDE

Home Address: NAMU ADRESAS

Male ☐ Female ☐ Date of Birth: GIMIMODATA Nationality: LITHUANIAN

Telephone: TELEFONAS Mobile Phone No.: MOBILUS NR

Preferred Mailing Address: ☐ Home ☐ Work ☐ E-mail: ELEKTRONINIS PASTAS

Name of Company: DARBOVIETES PAVADINIMAS

Your employment location: ADRESAS ARBA VIETA

Full/Part Time Employee PILNAS AR PUSE ETATO Hours p.w VAL/SAV Member of Pension Fund? Yes ☐ No ☐

Gross Weekly Pay Band (Kick Upon) KIEK UZDIRBAT Over €500 p.w. ☐ €325 - €500 p.w. ☐ €200 - €325 p.w. ☐ €127 - €200 p.w. ☐ Under €127 p.w. ☐

Occupation: PAREIGOS Payroll No./Clock No.: _____

If former member of SIPTU/Other union please state union: _____

Signature: PARASAS DATA __/__/__

Please indicate if you would like to receive regular news updates from SIPTU via E-mail ☐ *TXT message to your mobile* ☐ *none* ☐

PLEASE COMPLETE SECTION A OR B (SEPA DIRECT DEBIT MANDATE ON REVERSE)

A AUTHORISATION FOR **DEDUCTION OF UNION CONTRIBUTIONS FROM SALARY**

First Name: VARDAS

Last Name: PAVARDE

SITA DALI PILDOTE JEI MOKESITE PER DARBDAVI

I authorise IMONES PAVADINIMAS to deduct from my wages each week the appropriate amount of Union contributions as set out in the Union Rule Book and to hand over such monies to SIPTU. The amount may be varied by changes in the Registered Rules from time to time. This authority shall be valid for this and subsequent periods of employment. The current applicable weekly contribution rate is _____

Signed: PARASAS Department: _____ Division/Sector: _____ Payroll/Clock No: _____

Union Number: _____ Date: DATA

SIPTU complies with the principles of the Data Protection Acts 1988/2003 and aim to maintain consistently high levels of best practice of personal/or sensitive data.

Please be advised that SIPTU reserves the right to refuse to offer advice and representation on issues which originate prior to the application for membership.

REF: Evelina Saduikyte

B

SIPTU - SEPA Direct Debit Mandate

SIPTU
Services Industrial Professional & Technical Union

***Creditor Identifier: IE63ZZZ303672**

By signing this mandate form, you authorise (A) SIPTU to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from SIPTU.

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 you account was debited. Your rights are explained in a statement that you can obtain from your bank.

PLEASE COMPLETE SECTION 2

SECTION 2

SITA DALI PILDOTE JEI MOKESITE PER BANKA

*Your Name: VARDAS PAVARDE

*Your Address: PILNAS NAMU ADRESAS

*City/postcode: MIESTAS, BEI KODAS JEI YRA

*Country: SALIS

*Account number (IBAN): SASKAITOS ILGAS NUMERIS

*Swift BIC

*Name & Address of Bank: BANKO PAVADINIMAS IR ADRESAS

*Signature: PARASAS

*Date: DATA

SECTION 3

SIPTU
Direct Debit Centre
SIPTU Finance Department
Liberty Hall
Dublin 1

***Unique Mandate Reference**

*Type of payment Recurrent ☐ **or** One-Off Payment ☐ (Please tick ✓)