

# **CONSTRUCTION WORKERS BENEVOLENT FUND**

## **APPLICATION FOR FINANCIAL ASSISTANCE FOR SUDDEN OR SERIOUS ILLNESS/DISABILITY**

The Construction Workers Benevolent Fund (CWBF) was established by the construction unions to assist individuals and/or their next of kin, who are or have worked in the Irish construction sector or whose dependents are or have worked in the construction sector. The Fund is administered by a Board of Trustees, comprising full-time or retired Trade Union Officials.

The Fund offers assistance under 3 principal headings;

1. Bereavement—assistance with funeral expenses
2. Long term serious illness or a sudden illness/disability leading to significant financial cost
3. Financial distress caused by an unforeseen event

The Fund does not, however, have the resources to provide top-up payments or extended payments to normal social welfare benefits such as unemployment benefit, pension benefit or short-term illness. The Fund cannot assist with failure to qualify for Social Welfare Benefits.

### **COMPLETING THIS FORM**

All sections of this form are to be completed.

### **RETURNING THE FORM**

This form must be requested from and returned to **CWBF, Unit 39 Park West Enterprise Centre, Lavery Avenue, D12 KN36.**

### **IMPORTANT**

**Please ensure that you attach signed/stamped proofs of identity and all relevant medical reports**

**SECTION 1 - PERSONAL DETAILS**

NAME: JOHN O NEILL

ADDRESS: 43 WADELAI ROAD  
GLASNEVIN DUBLIN 11

Email Address: RDCJOHN24@GMAIL.COM Mobile phone: 0852288305

Date of Birth: 07-06-1972 PPS Number: 5342998M

Dependents: 2 Ages: ~~50~~ 52

Trade: Years in employment: 34 YEARS

Current/last employer: FONTECH

Are/were you a member of Construction Workers Pension Scheme?

Yes..... No.....

Are/were you a contributor to the Construction Workers Benefit Fund?

Yes.... No .... Don't

**FAMILY STATUS**

Married/living with partner ..... Single  ..... Separated/Divorced .....

Children/dependents: 2 Ages: 13 & 17

**TRADE UNION MEMBERSHIP**

Are/were you a member of a Trade Union?  Yes..... No.....

Name of Union: CONNECT

## SECTION 2 - INCOME AND EXPENDITURE

### Current household income

MONTHLY	SELF	PARTNER/SPOUSE	CHILDREN
Wages/Salary			
Social Welfare	£244		
State Pension			
CWPS Pension			
CWPS Sick Leave Pay			
Other			
<b>TOTAL</b>	<b>£244</b>		

If you are currently out of work please state your monthly wages when previously at work

.....

### Current household outgoings - PLEASE PROVIDE SUPPORTING EVIDENCE

MONTHLY OUTGOINGS	AMOUNT
Rent (please indicate if you are in private rental or a social housing tenant)	
Mortgage	
Electricity/Gas	£280
Food	<del>£</del> £600
Phone/internet	£60
Travel/Car	INSURANCE £578 TAX 190 DIESEL
Medical costs	
Health Insurance	
Loan repayments	30 WEEK CREDIT UNION 120 Mon
Other	Travel expenses for physio Scar & hospital
<b>TOTAL</b>	

£161 per month

v. 10/11  
on going

**SECTION 3 LONG TERM SERIOUS or SUDDEN ILLNESS/DISABILITY**

**Please detail the nature of your illness or disability?**

SEVERE INFLAMMATORY SPINAL CORD SYNDROME THAT IS PARTIALLY STEROID AND IMMUNOSUPPRESSANT RESPONSIVE ARTHRITIS. SEVERE CHRONIC PAIN EVERYDAY. SEE CONSULTANT LETTER FOR DETAILS.

When was your last date of work before this illness/disability? 20-2-2024

Does your doctor anticipate that you will be able to return to work? YES  NO

If YES, when does your doctor anticipate that you could return? .....

Have you been approved for Social Welfare benefit? YES  NO

If social welfare has been approved, please detail type and payment  
ILLNESS BENEFIT £244 per week

If you are a member of the Construction Workers Pension Scheme (CWPS), have you claimed your sick pay entitlement? YES  NO

If YES, please provide details .....

Have you been approved for early retirement by CWPS? . YES  NO

**Please attach written medical evidence to support the above**

**\*Use additional pages if necessary**

## SECTION 4 – FINANCIAL ASSISTANCE REQUIRED

Please detail the financial assistance you require – what specific costs need to be paid and how much is required to cover these costs

- car insurance, tax & maintenance, <sup>diesel</sup> as this is so important for my mobility to get around for everyday tasks, hospital visits and physio.
- Help with purchasing clothing and good footwear as the medication has made but put on weight & clothing is too small
- I also have to provide some of my illness benefit to my children in a day to day ~~essential~~ for them
- Credit Union loan - £50 per week

Please note that we cannot cover all costs but may be in a position to provide assistance to covering some of them.

## SECTION 5 - VERIFICATION OF IDENTITY

1. Please provide proof of your identity – a copy of birth certificate, passport, driver's licence or other form of identification stamped or signed by a Garda, Peace Commissioner or GP

.....

## SECTION 6 - AUTHORISATION

I hereby authorise CWBF to request a copy of my contributions record with the Construction Workers Pension Scheme

APPLICANT'S NAME: JOHN O NEILL  
PPS number: 5342998 M  
APPLICANT'S SIGNATURE: [Signature]  
DATE: John O'Neill

## SECTION 7 - BANK DETAILS

Any financial support will be paid by cheque or into your bank account.

Should your preference be for payment directly into your bank account we will contact you for those details if/when assistance is approved.

Please indicate your preference for payment ..... BANK .....

**SECTION 8 - CONFIRMATION OF VALIDITY OF INFORMATION  
PROVIDED**

I **confirm** that the information supplied in this application is true and correct to the best of my knowledge.

NAME ..... JOHN ONEILL .....  
SIGNED ..... John O'Neill .....  
DATE ..... 14-2-20~~14~~25 .....

**SECTION 9 - DATA PROTECTION**

The personal data which you have supplied in this application is fully protected under the terms of the Data Protection Act 2018 and the General Data Protection Regulation (Regulation (EU) 2016/679). The data will be used solely to establish your entitlement to assistance from the Fund and for no other purpose. The data will not be shared with any parties other than your Trade Union and the Fund.

I consent that the Construction Workers Benevolent Fund Trustees and staff may use my medical information to process my application. I understand that I can withdraw my consent at any time and that all information relating to me will be promptly destroyed.

Signed: John O'Neill Date: 14-2-25

## Lesliann Flynn

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**From:** cwpsteam1 <cwpsteam1@cwps.ie>  
**Sent:** Thursday 13 June 2024 11:43  
**To:** Lesliann Flynn  
**Subject:** RE: RE: Member Record

Hi Lesliann,

I hope you are keeping well.

John O'Neill has made a total of 353 contributions to CWPS between 2003-2024.

281 of these weeks were at our Standard Rate and the remaining 72 were at the Builder Rate.

Let me know if you have any further queries.

Regards,  
Mark

**Mark Nugent APA**  
Administrator

**Construction Workers' Pension Scheme**



**t:** (01) 497 7663  
**e:** [m.nugent@cwps.ie](mailto:m.nugent@cwps.ie)  
**a:** 4 Clonskeagh Square, Clonskeagh Road, Dublin 14, D14FH90  
**w:** [www.cwps.ie](http://www.cwps.ie)

Are you interested in using our Employer's Online Payment System (OPS)? It is a simple and secure way of paying your mc  
info: <https://employer.cwpsonline.ie/Register.aspx>





Suíomh Gréasáin: Website: [www.beaumont.ie](http://www.beaumont.ie)

## OSPIDÉAL BEAUMONT

Bosca O.P. 1297 Bóthar Beaumont Baile Átha Cliath 9

## BEAUMONT HOSPITAL

P.O. Box 1297 Beaumont Road Dublin 9

Guthán: Telephone 8093000 / 8377755

John O'Neill  
43 Wadela Road  
Glasnevin  
Dublin 11  
D11

Dr Maria Gaughan Opd Clinic

Date dictated: 10/12/2024

Re: John O'Neill, 43 Wadela Road, Glasnevin, Dublin 11, D11  
DOB: 07/06/1972 MRN: 901109  
Tel: 0852288905

To whom it concerns

Mr O'Neill has been under my care for the past 6 months with what appears likely to be a fairly severe inflammatory spinal cord syndrome that is partially steroid and immunosuppressant responsive. Despite extensive investigation a definitive diagnosis has not been made as yet.

His lumbar puncture results are consistent with an inflammatory spinal cord syndrome.

We have commenced immunosuppressive medications and John will be continuing in these in the future. He is symptomatic at the moment from the point of view of severe pain and spasticity. He is being treated for this. At present he is unfit for work. I am happy to provide any other correspondence necessary with John's permission.

Yours sincerely

*MG*

Dr Maria Gaughan







Dear Parents /Guardian,

You son /daughter has paid a deposit for our 2-day 1-night Outdoor Adventure trip to Carlingford Adventure Centre in September 2025. The following are the deadline dates for our next payments:

Instalment 2 - 22<sup>nd</sup> of March 50 euro

Final Instalment - 10<sup>th</sup> of May 50 euro

These are payable to Ms Cullen placed in an envelope with students name on it.

Please don't hesitate to contact the school if you require more information.

Yours sincerely

---

Ms E Cullen/Mr C Byrd

**Finglas Credit Union Ltd**

Seamus Ennis Road, Finglas, Dublin 11

Phone: 8343193/8647051

Fax: 8642246

Web: www.finglascu.ie

Email: info@finglascu.ie



Member 41241/G - John O'Neil

Tran PSL/15373951 - Reversal  
Date 28/02/2025 23:28 Week 22

**REPRINT**

Account	OP Bal	Amount	CL Bal
Loan	4193.66	21.15	4214.83
Interest		8.85	

30.00 Weekly 7.54 Advance  
BIC: FIRUIE21IBAN: E23FIRU89211160287322

Tendered	Cash	Cheque	Change
0.00	0.00	0.00	0.00

Total -30.00  
We NOW offer CURRENT ACCOUNTS Open one today!!!

**Finglas**

Seamus Ennis

Phone: 8343193/8647051

Fax: 8642246

Web: www.finglascu.ie

Email: info@finglascu.ie

Member 41241/G

Tran E1/

Date 01/

Account

Loan

Interest

30.00 Week

BIC: FIRUIE21IBAN: E23FIRU89211160287322

Electronic F

Reg Share

Total

Te

We N

### Finglas Credit Union Ltd

Seamus Ennis Road, Finglas, Dublin 11

Phone: 8343193/8647051

Fax: 8642246

Web: www.finglascu.ie

Email: info@finglascu.ie



Member 41241/G - John O'Neill

Tran EI/15374536 - Loan Repayment

Date 01/03/2025 12:38 Week 22

Account	O/P Bal	Amount	C/L Bal
Loan	4214.83	94.85	4119.94
Interest	10.11	10.11	0.00

30.00 Weekly 102.53 Advance

BIC: FIRUIE21 IBAN: IE23FIRU96211160287322

Electronic Dispe	0.00	0.00	0.00
Reg Shares	3034.16	0.00	3034.16
Total		105.00	

Tendered	Cash	Cheque	Change
105.00	105.00	0.00	0.00

NOW offer CURRENT ACCOUNTS Open one today!!!

Chill

17908587

Road Traffic Act 1961  
CERTIFICATE OF INSURANCE

Index Mark and Registration Number of vehicle: 12 027 1028 Insurance Policy No: NC011807775

1. Name and Address of Person to whom the Policy of Insurance has been issued: John O'Neil, 26 Keshone Drive, Finglas, Dublin 11, D11 208K Certificate Code: 0001 Certificate Number: 0000000000

2. Period of Cover: From: 12 February 2025 00:00 To: 11 February 2026 23:59

3. Limitations as to Use: (1) Use for public, domestic and private purposes including uses constituting or not from usual parts of work or use incidental to the business, where vehicle repair of the vehicle for the insured.

The policy does not cover:

- (a) Use for hire or reward, racing, passenger, speed testing or commercial carrying.
- (b) Use for the carriage of goods or parcels or transport with any class of business.
- (c) Use for any purpose inconsistent with the Motor Traffic other than use authorised by the overleaf, up-keep and for repair of the vehicle by the insured.

4. Persons, or Classes of Persons, whose liability is covered:

- (a) The insured.
- (b) Any person whose driving is covered, either a period of the Motor Traffic during the vehicle for purposes authorised by the overleaf, up-keep and for repair of the insured.

5. Vehicles, or Classes of Vehicles, the use of which is covered:

- (a) Vehicle bearing index mark and Registration Number: 12 027 1028
- (b) Any Motor Car being driven with the consent of the insured, for the insured, provided such vehicle does not belong to the insured and is not licensed in the insured's name.
- (c) Any Motor Car licensed in the insured's name for a period of approval required under the vehicle bearing the registration number in (a) is being retained in respect of which a period of approval is provided by the insurance policy of the insured or another insurer.

6. Drivers or Classes of Drivers whose driving is covered:

- (a) The insured.
- (b) John O'Neil.
- (c) Any person in the Motor Traffic who is driving with the insured's approval, the vehicle bearing the index mark and registration No. stated on the certificate for the purposes authorised by the overleaf, up-keep and for repair of the vehicle for the insured.

I declare that the person driving holds a licence to drive such a vehicle or, having held such a licence, is not disqualified from holding such a licence.

I hereby certify that an approved policy of insurance has been issued by me to the person named above, that the particulars stated above are correct, and that, with such particulars and subject to the provisions of the Road Traffic Act, 1961, the policy of insurance covers all liabilities which are required by the said Act to be the subject of an approved policy of insurance.

Insurance Company Name and Address: Zurich Insurance Europe AG, Zurich House, 100 West Street, Westmore, Co. Dublin, A600775

Signature or Seal of Vehicle Insurer:

Signature of person Authorising in Default of Vehicle Insurer:

Zurich Europe AG

Zurich Insurance Europe AG

Ivernia  
AGENCY  
Ivornia Insurance Ltd  
Ivornia House, Ryanaircourt  
Office Park, Sandyford, Dublin  
18, Ireland

IMPORTANT NOTICE  
You are required by law to display the attached INSURANCE DISC and you should now attach it to the windscreen of your vehicle. You are also required by law to return this disc to the INSURER should you dispose of the vehicle or cancel your Insurance Policy.

John O'Neill  
39 Kilshane Drive

Finglas  
Dublin 11  
D11 V098

Date: 11/02

Policy No.: IVCH010077775  
Our ref.: NEIJLM003

Hi John,

Thank you for renewing your motor insurance with Chill Insurance.

The total due for your insurance is €578.07 inclusive of Government Levy and our administration charge of €47.80 (please note that the administration charge is non-refundable). We enclose receipt of payment for your records (if you're paying by direct debit, a revised schedule of payments will be sent to you by the finance company).

Please make sure that you check the completed Summary of Details and that all the details are correct as this is very important. If there are any changes required, please contact us immediately. Please note that any changes cannot be confirmed until we have issued you confirmation of changes from your insurer.

You can download your policy booklet from our Customer Care section on [www.chill.ie](http://www.chill.ie).

Yours sincerely,

The Chill Insurance Team

Director: P. Lynch A.C. Y. Burrows J. Moriarty (P) Registered No. 528221



Open in Chrome





8:50



◀ Mail

my.eir.ie



John O'Neill

My account



# My balance

# €31.<sup>34</sup>

Includes latest bill, overdue payments and adjustments.

Your payment will be applied for on or after  
**13th Mar 25**

**Make a payment**

## Bill breakdown

Payment due	13th Mar 25
Monthly charges	€31.99
Usage	€0.15
<b>Total</b>	<b>€32.14</b>

[Full bill breakdown](#)



My payments

My usage



# Ballymun GP

Dr. David O'Leary  
Dr. Mary Jennings  
Dr. Tara Corbett  
Dr. Julie Higgins

Dr. Niall Hurley  
Dr. Lisa Hollywood  
Dr. Eileen Mc Donagh

28/08/2024

Re: John O'Neill, 43 Wadlai Road, Glasnevin, Dublin 11.  
DOB 07/06/1972  
Mother's name


To whom it may concern,

Please find below a summary of John O'Neill's recent medical history

Mr O'Neill has been recently diagnosed with a serious condition involving his central nervous system. The cause of this condition is not yet known and remains under investigation. As a result of this condition, he suffers with various symptoms which include but are not limited to pain, weakness in his limbs and difficulty walking. The course and duration of this illness are not yet known as a cause has not yet been identified.

As such, I am in support of Mr O'Neill's application.

Yours sincerely

  
DR CIARAN FITZGERALD

**Dr. Niall Hurley**  
(MC 403274)  
BALLYMUN GP  
1<sup>st</sup> Floor Civic Centre, Dublin 9  
Tel: 01-9609 444

Sláinte Leanaí Éireann  
ag Craighlinn



Children's Health Ireland  
at Crumlin

Sláinte Leanaí Éireann (CHI) ag Craighlinn, 213-900-0000  
Children's Health Ireland (CHI) at Crumlin, 111-1-4573-4444  
T +353 01 206 5700 | F +353 01 453 8273 | www.chi.ie  
Call or visit craighlinn.ie for more information

Genetics Department T : 01 409 6739

Our Ref: 48880

Dr Maria Gaughan  
Beaumont Hospital  
Beaumont Road  
Dublin 9

02 October 2024

Re: **Genetics Clinical Referral for Mr John O'Neil, D.O.B. 07/06/1972**

Dear Dr Gaughan,

Thank you for referring Mr John O'Neil to the genetics clinic on the 27 September 2024. Your patient has been put on a waiting list to be seen by a Genetics Clinician at a genetics clinic.

A specific letter indicating the date and time of their appointment will be sent to this patient approximately 6 weeks before the scheduled clinic.

In the interim, if at any time this patient no longer requires a genetics appointment please notify us so we can remove this patient from the waiting list and close this referral. Please also notify us if this patient changes their address or contact details to ensure we send the appointment and correspondences to the correct address.

**If the patient/ the parents become pregnant please contact the department as we would reassess the urgency of the referral.**

Yours sincerely,

Genetics Secretary  
Cc: Mr John O'Neil  
43 Wadefai Road  
Glasnevin  
Dublin 11



10:57

4G



Swiftqueue >

Reminder you have a follow-up clinic Physiotherapy appointment has been made for Fri, Nov 8 at 10:00 in Ballymun Primary Care, Ballymun Civic Centre, Dublin, D09 C8P5 with Triona Martin. If you need to reschedule/cancel this appointment you can call the clinic on [01-8467009](tel:01-8467009)

Today 10:42 AM

A follow-up clinic Physiotherapy appointment has been made for Friday 13th of December 2024 at 9:45 AM in Ballymun Primary Care, Ballymun Civic Centre, Dublin, D09 C8P5 with Triona Martin. To confirm your



Text Message





# Finglas Credit Union Limited

Seamus Ennis Road, Finglas, Dublin 11  
 Phone: 01453654700  
 Fax: 01452246  
 Web: www.finglas.ie  
 Email: info@finglas.ie

Private & Confidential  
 Mr John O'Neill  
 30 Kishane Drive  
 Finglas West  
 Dublin 11

## Member Statement

Period 07/12/2024 to 07/03/2025

Member Number: 41241  
 Date of Issue: 07/03/2025  
 Page Number: Page 1 of 1

Reg Shares BIC: FINGIE21 IBAN: IE09 3901 0002 111002 9144  
 Rescuable TY Pairs Secured BIC: FINGIE21 IBAN: IE23 3901 0002 111002 9122

Contains Statement  
 Reg Shares  
 Rescuable TY Pairs Secured

Opening Loan Balance	Opening Savings Balance
€ 4,451.10	€ 3,000.00

Date	Ref	Source	Interest Amount	Loan Amount	Loan Balance	Savings Amount	Savings Balance	Transaction Total
13/12/2024	11	SDO Lodgement	16.34	13.00	4,438.04	0.00	3,000.00	30.00
20/12/2024	12	SDO Lodgement	8.45	21.55	4,416.49	0.00	3,000.00	30.00
27/12/2024	13	SDO Lodgement	8.40	21.60	4,394.89	0.00	3,000.00	30.00
06/01/2025	14	SDO Lodgement	11.97	18.03	4,376.88	0.00	3,000.00	30.00
13/01/2025	15	SDO Lodgement	4.72	25.28	4,351.63	0.00	3,000.00	30.00
17/01/2025	16	SDO Lodgement	8.31	21.69	4,329.94	0.00	3,000.00	30.00
24/01/2025	17	SDO Lodgement	8.28	21.74	4,308.20	0.00	3,000.00	30.00
24/01/2025	11	Div - Reg Shares	0.00	0.00	4,308.20	17.11	3,017.11	17.11
24/01/2025	17	DRFT	0.00	0.00	4,308.20	5.85	3,011.48	5.85
24/01/2025	17	St. Silkeens Imp Ty Partial Ser	0.00	0.00	4,308.20	25.67	3,037.13	25.67
24/01/2025	17	Admission Fee	0.00	0.00	4,308.20	1.00	3,038.13	1.00
31/01/2025	18	SDO Lodgement	8.22	21.78	4,286.42	0.00	3,038.13	30.00
07/02/2025	19	SDO Lodgement	4.18	21.82	4,264.50	0.00	3,038.13	30.00
13/02/2025	20	Taker Lodgement	4.91	0.00	4,264.50	0.00	3,038.13	7.00
13/02/2025	20	Loan Repayment	0.00	0.00	4,264.50	0.00	3,038.13	0.00
14/02/2025	20	SDO Lodgement	1.29	28.72	4,238.88	0.00	3,038.13	30.00
14/02/2025	20	Reversal of 15370916	7.23	25.72	4,264.50	0.00	3,038.13	30.00
19/02/2025	21	Taker Lodgement	7.68	22.32	4,242.28	0.00	3,038.13	30.00
27/02/2025	21	SDO Lodgement	2.55	27.45	4,214.83	0.00	3,038.13	30.00
28/02/2025	22	Death Benefit	0.00	0.00	4,214.83	2.00	3,034.18	2.00
28/02/2025	22	SDO Lodgement	8.85	21.15	4,193.68	0.00	3,034.18	30.00
28/02/2025	22	Reversal of 15370916	8.85	21.15	4,214.83	0.00	3,034.18	30.00
01/03/2025	22	Taker Lodgement	10.11	04.89	4,170.94	0.00	3,034.18	105.00

Loan Advance	Interest Due	Closing Loan Balance	Closing Loan Liability *	Closing Savings Balance
481.30	€ 7.42	€ 4,170.94	€ 4,127.36	€ 3,034.18

We NOW offer CURRENT ACCOUNTS. Open one today!  
 Best Rates Available JUST €3 PER MONTH ARE YOU W/ JOIN NOW  
 This is an eligible deposit under the Deposit Guarantee Scheme  
 For more information, please see the "Deposit Guarantee Scheme Depositor Information Sheet" which is available from our office  
 Finglas Credit Union Limited is regulated by the Central Bank of Ireland. Registered No: 234 CU

FOOD  
£1000

FRIDGE FREEZER £50  
BIKE & LOCK FOR MY SON

STARTING  
SECONDARY  
SCHOOL

TRACKSUITS SCHOOL  
UNIFORM SON

UNIFORM DAUGHTER

Moved in to my  
MOTHERS BECAUSE  
COULDN'T LOOK  
AFTER HERSELF  
Dementia

SCHOOL LOCKER SON  
SCHOOL LOCKER DAUGHTER

SPENT MONEY  
IN HOSPITAL  
MONEY ON FOOD  
WHEN I WAS IN  
HOSPITAL DIDN'T  
LIKE ANY HOSPITAL  
FOOD, IN HOSPITAL  
FOR 29 DAYS

LOST ALOT OF  
WEIGHT WENT FROM  
XL TO LARGE  
PUT ON STEROIDS  
AND MADE ME  
JUST EAT & EAT  
PUT WEIGHT ON  
AND NOW OF

BOUGHT DAUGHTER  
AND SON'S CLOTHS  
OUT OF JDSPORTS  
RUNNER EACH

MY CLOTHS FIT  
ME IN THE  
WAS XXL NOW  
TAKING 140 TABLETS  
A WEEK NO POWER  
IN MY LEGS  
BOUGHT CLOTHS  
FOR MYSELF

Bought foot spa  
FROM BOOT'S

Bought STUFF IN  
CHEMIST THAT  
WAS NOT ON  
MEDICAL CARD

GAVE MY PARTNER  
1000 BECAUSE SHE  
SPENT A LOT OF  
MONEY ON ME  
WHEN I WAS IN HOSPITAL



Private & Confidential  
Mr John O'Neill  
35 Kishane Drive  
Finglas West  
Dublin 11

TAXI TO BEACON HOSPITAL  
AND HOME ~~€55~~  
TAXI WHEN GOING  
TO HOSPITAL  
AND COMING  
HOME ~~€10~~

Finglas Credit Union Limited

Searoad, Ennis Road, Finglas, Dublin 11  
Phone: 8542193/8542194  
Fax: 8542248  
Web: www.finglas.ie  
Email: info@finglas.ie

**Member Statement**  
Period 07/12/2024 to 07/03/2025

Member Number: 41241  
Date of Issue: 07/03/2025  
Page Number: Page 1 of 1

SERVICE ON CAR ~~€180~~

Flag Shares SIC: F201821 IBAN: IE60 9100 0021 110039 144  
Rescheduled SV Partial Secured DIC: F014821 IBAN: IE23 3900 0021 110029 122

Combined Statement	Opening Loan Balance	Opening Savings Balance
Flag Shares Rescheduled SV Partial Secured	€ 4,851.15	€ 3,000.00

Date	Via	Source	Interest Amount	Loan Amount	Loan Balance	Savings Amount	Savings Balance	Transaction Total
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CREDIT UNION TOOK 1000 OUT OF MY  
SAVING TO MAKE IT €50 A WEEK  
SO I PUT 30 x OUT ~~€100~~ 1000  
THEY TOOK 20 TO MAKE IT €50  
A WEEK THAT 1000 FINISHED  
AND NOW I PAY ~~€30~~ A WEEK  
INSURANCE FOR CAR ~~€15~~  
TAX FOR CAR ~~€10~~  
DIESEL FOR CAR ~~€200~~ A MONTH  
2 NEW TYRES ~~€210~~  
DAUGHTERS PHONE ~~€20~~ A MONTH  
SON PHONE ~~€20~~  
GRANDCHILD BOUGHT CLOTHS ~~€150~~  
ACUPUNCTURE 4 SESSION ~~€100~~  
NEW HAIR CUT ~~€20~~ PAID FOR  
BED FOR MY Mother's PHYSIO ~~€200~~

This is an online report under the Deposit Guarantee Scheme  
For more information please see the "Deposit Guarantee Scheme - Depositor Information Sheet" which is available from our website  
Finglas Credit Union Limited is regulated by the Central Bank of Ireland. Registered No. 254/01



RELEVANT TO  
YOUR CONDITION

I REALLY DON'T  
KNOW BECAUSE  
I CAN ONLY  
TAKE IT ONE

DAY AT A  
TIME ~~PERIOD~~

EVERY DAY IS  
DIFFERENT

I DON'T KNOW  
WHERE THIS WILL  
END. I TAUGHT

I HAD CANCER,  
NOW I HAVE

NEW APPOINTMENT  
FOR BEACON JUNE  
GOD KNOWS

Finglas Credit Union Ltd.

