

APPLICATION FOR MEMBERSHIP (Republic of Ireland)Credit Union Limited Name: Membership Number:.... **PPSN** Address: PPSN Indicator.....Y/N Occupation: Telephone: Date of Birth:/....... Day/Month/Year **PEP***: Yes □ No \square No \square **Family Member/Close Associate of a PEP*:** Yes □ If the applicant is less than five years at the above address, please state the immediate prior address: •••••• I hereby apply for membership of and agree to abide by the rules of the above credit union. The information given by me on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information given by me in connection with my application for or my membership with the credit union may result in termination of my membership, apart from any other legal sanctions that may apply. Source of Funds: Purpose of the Account I confirm that the account is for my own personal use and benefit......Yes/No If you ticked **No** above, please specify the beneficial owner;

Date:.....

Applicant's Signature:.....

* Politically Exposed Person (PEP) is an individual who is entrusted with a prominent public function, other than as a middle ranking or more junior official. Please also declare if you are a family member or close associate of a PEP. The relevant list is provided below.

A PEP includes the following:

- a) heads of state, heads of government, ministers and deputy or assistant ministers;
- b) members of parliament or of similar legislative bodies;
- c) members of the governing bodies of political parties;
- d) members of supreme courts, of constitutional courts or of other high-level judicial bodies,
- e) the decisions of which are not subject to further appeal, except in exceptional circumstances;
- f) members of courts of auditors or of the boards of central banks;
- g) ambassadors, chargés d'affaires and high-ranking officers in the armed forces;
- h) members of the administrative, management or supervisory bodies of state-owned enterprises;
- i) directors, deputy directors and members of the board or equivalent function of an international organisation.

Family members of a PEP includes the following:

- (a) any spouse of the politically exposed person;
- (b) any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person resides;
- (c) any child of the politically exposed person;
- (d) any spouse of a child of the politically exposed person;
- (e) any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides;
- (f) any parent of the politically exposed person;
- (g) any other family member of the politically exposed person who is of a prescribed class.

A known close associate of a PEP includes the following:

- (a) any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person;
- (b) any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person;

This information is requested for the purpose of compliance with the credit union's obligations under Anti Money Laundering and Terrorist Financing legislation. If you are uncertain as to your status please discuss with the credit union.

PLEASE TAKE TIME TO READ THE PRIVACY NOTICE OF THE CREDIT UNION WHICH OUTLINES HOW AND WHY WE PROCESS YOUR PERSONAL DATA. A COPY IS AVAILABLE FOR YOU TO TAKE AWAY AND YOU CAN ACCESS THE PRIVACY NOTICE AT ANY TIME ON [www.ccccccc.ie] [Alternatively the credit union may wish to insert a tick box for the member to confirm that they have received the notice]

Receipt of obligatory notices by email



There are certain notices that credit unions are obliged to provide from time to time. Please provide your email address if you would like to receive these obligatory, **non-marketing** communications by email (for example notice of the Annual General Meeting). This will assist the Credit Union in reducing its carbon foot print and will also reduce costs.

Email address:	

Please note that we maintain the right to contact members by such means as best available to us in relation to a non-performing loan or outstanding debt to the credit union, including by text or email.

IN THE EVENT THAT THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A MINOR WHO IS UNABLE TO GIVE RECIEPTS BY VIRTUE OF THEIR AGE AT THE TIME OF OPENING THE ACCOUNT	כ
I/We hereby apply for membership in the name of the said	
In the event of the account being opened by more than one person it is required that: both parties / either parties to make withdrawals.	rty*
In the event of the account being opened by a person other than a parent/guardian of the member, [insert not of parent or guardian] as parent/guardian shall be nominated to give any necessary receipts should the member be unable to do so.	
Please note that when the minor can make the necessary receipts, the signing parent/guardian will no longer haccess to the account. Signed:	ave

NOTE TO CREDIT UNION: If offering online services to Minors, the "age of digital consent" is 16 which means that online service providers can rely on a child's own consent to process their personal data when relying on 'consent' as the legal basis (justification) for processing a child's personal and the child is age 16. Where the child is under age 16, then consent must be given or authorised by the person who has parental responsibility for the child.

Tax Residency for the purposes of the Common Reporting Standard																				
- If you are tax resident in another country please provide your Tax Identification Number																				
("TIN"), and Country of Tax Residence:																				
1.TIN*																				7
Country of Tax Residence*		<u> </u>											<u> </u>			<u> </u>	<u>I</u>			1
2.TIN*																				
Country of Tax Residence*																				
I confirm that the information provid						ect	to t	he	be	est	of r	ny	kno	wle	dg	e, a	nd	that	if m	У
circumstances change, I will notify th	e cre	dit	unio	on.																
Signature (of Applicant or Parent/Gu	ardia	n oı	ı be	ha	lf o	f M	inor)												
					Da	te:														
- If you are <u>not</u> tax resident	in ar	noth	ner	coı	unti	Ύ, Ι	plea	se	sig	n tl	he	foll	lowi	ng:						
I wish to declare that I am not resident for tax purposes in any other country, and that if my circumstances change, I will notify the credit union:																				
Signature (of Applicant or Parent/Gu																				
* Mandatory Field																				
**This information is being sought for the purposes of reporting obligations under the Common Reporting Standard (CRS), as provided for by Section 891F of the Taxes Consolidation Act 1997. The information required to be reported under the CRS, including name, address, date of birth, place of birth, TIN, account number, account balance and payments on the account will be provided to the Revenue Commissioners and may be exchanged securely with another Competent Tax Authority in your jurisdiction of tax residence, but such information will at all times be treated with the strictest confidentiality as required by the Data Protection Acts 1988 and 2003 as amended by any national legislation and the GDPR 2016 from 25 th May 2018. Only data that is legally required to be reported will be provided to the Revenue Commissioners. For more information on this, please speak to your credit union, contact Revenue at aeoi@revenue.ie or see http://www.revenue.ie/en/business/aeoi/																				
Deposit Guarantee Scheme																				
Please tick the box to confirm the following:																				
I acknowledge receipt of the Depositor Information Sheet																				

(THIS SECTION IS TO BE COMPLETED BY THE CREDIT UNION)

Evidence of Identification ¹	(Copies must be attached)					
(Complete one or more of the following)						
Current Valid Passport						
Current Valid Driving Licence						
ML10 Identification Form from the Garda Siochana						
National Identity Card						
Other* Please specify						
Evidence of Address Verification	(Copies must be attached)					
(Complete one or more of the following)						
Original Recent Household Bill						
Electoral Register						
Document from Revenue Commissioners						
or other Government Departments						
Original Recent Bank/Building Society Statement						
Telephone/Street Directory						
Other* *Please specify						
Application approved and details verified in accordance with the standard rules by:						
Signed:(Membership Committee) Date://						

¹ Note that as at April 2018 the Public Service Card cannot be either requested, or accepted if volunteered, as a form of identification/PPSN verification.

Your Marketing Preferences



As part of improving our service to you, from time to time, we would like to inform you of goods, services, competitions and/or promotional offers available from us. We may wish to use different means when sending such marketing communications. Please now indicate by which methods, **if any**, you consent to being contacted by ticking **Yes** to each method of communication below-

	Yes
Post	
Email	
Text	
Landline call	
Mobile call	

Signature of applicant	
Date:	DD MM YYYY

You have a right to notify us free of charge at any time of your right to refuse such marketing by writing to/emailing [INSERT CONTACT DETAILS AND Email] or by using the "opt-out" options in any marketing message we send you.

Please contact us directly should you wish to change or withdraw your consent.

[Note to Credit Union, this consent, where completed, should be recorded]
Note also that persons under the age of 18 cannot be direct marketed.