



Minor Membership Application

Name of Minor:			
Address of Minor:			
Date of Birth:			
Contact Telephone Number:			
Email Address:			
Country of Residence :			
Country of Birth:		Nationality:	
Occupation:			
Purpose of Account:		Source of Funds:	
PEP Status*			
PEP Role *			
Family Member / Close Associate of a PEP*			
Name & Relationship of PEP*			

***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.*



IN THE EVENT THAT THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A MINOR WHO IS UNABLE TO GIVE RECEIPTS BY VIRTUE OF THEIR AGE AT THE TIME OF OPENING THE ACCOUNT

Name of Parent / Guardian 1:	
Address of Parent Guardian:	
Relationship to Minor:	
Country of Residence:	
Date of Birth:	
Contact Telephone Number:	
Email Address:	

I hereby apply for membership in the name of the said and I acknowledge that all shares/deposits arising from this membership now and hereafter shall be his/her sole property and all withdrawals shall be applied to his/her sole benefit.

I hereby apply for membership 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.

In the event of the account being opened by more than one person it is required that: both parties / either party* be present to make withdrawals.

Please note that when the minor can make the necessary receipts(Age 7 upwards) , the child must be present with the signing parent/guardian to access the account.

***Note: From age 16, parental consent for withdrawals is no longer required.**

Signed:..... Date:



To be used in the event of joint signatories on Minor account

IN THE EVENT THAT THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A MINOR WHO IS UNABLE TO GIVE RECEIPTS BY VIRTUE OF THEIR AGE AT THE TIME OF OPENING THE ACCOUNT

Name of Parent / Guardian 2:	
Address of Parent Guardian:	
Relationship to Minor:	
Country of Residence:	
Date of Birth:	
Contact Telephone Number:	
Email Address:	

I hereby apply for membership in the name of the said and I acknowledge that all shares/deposits arising from this membership now and hereafter shall be his/her sole property and all withdrawals shall be applied to his/her sole benefit.

I hereby apply for membership and agree to abide by the rules of the above credit union.

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***Note: From age 16, parental consent for withdrawals is no longer required.**

Signed:..... Date:

Deposit Guarantee Scheme

Please tick the box to confirm the following:

I acknowledge receipt of the Depositor Information Sheet

Receipt of obligatory notices by email

There are certain notices that credit unions are obliged to provide from time to time. Please place an X in the box below 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. **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.**

YES	<input type="checkbox"/>
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Tax Residency for the purposes of the Common Reporting Standard

If you are not tax resident in another country, please sign the following:

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 Parent or Guardian on behalf of Minor:

Date:

Minors PPS Number:																				
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If you are tax resident in another country please provide your Tax Identification Number (“TIN”), and Country of Tax Residence:

1. TIN*																				
Country of Tax Residence*																				
2. TIN*																				
Country of Tax Residence*																				

I confirm that the information provided is true and correct to the best of my knowledge, and that if my circumstances change, I will notify the credit union.

Signature of Parent or Guardian on behalf of Minor:

Date:

*** 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 25th 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/>**



* **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;

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OFFICE USE ONLY

MEMBERSHIP NUMBER:

NEW ACCOUNT SANCTIONER CHECKLIST

Evidence of Identification¹

(Copies must be scanned)

(Complete one or more of the following)

- Current Valid Passport
- Current Valid Driving License
- EU National Identity Card
- Other* Please specify.....

Evidence of Address Verification – dated within the last 3 months

(Copies must be scanned)

(Complete one or more of the following)

- Original Recent Household Bill
- Insurance Renewal / Certificate (Household, Motor, Life)
- Document from Revenue Commissioners
- or other Government Departments /Local Authorities
- Original Recent Bank/Building Society Statement / Correspondence
- Other* *Please specify.....

Evidence of PPS Number

(Copies must be attached)

Application Received & Checked by: I hereby confirm that this application has been completed in full & in accordance with the CU standard rules & SOP's of BICU;

Signed: (BICU Officer)) **Date:**...../...../.....

Application approved and details verified in accordance with the standard rules by:

Signed: (Membership Committee) **Date:**...../...../.....
