

APPLICATION FOR JOINT MEMBERSHIP (Republic of Ireland)
Carrick-on-Shannon & District Credit Union Limited

Membership Number:

Name:

Name:

PPSN:
PPSN Indicator:Y/N

PPSN:
PPSN Indicator:Y/N

Address:

Address:

Occupation:

Occupation:

Telephone:

Telephone:

EIR code:

EIR code:

Gender: M/F

Gender: M/F

Date of Birth:/...../.....
Day/Month/Year

Date of Birth:/...../.....
Day/Month/Year

If the applicants are less than five years at the above address, please state the immediate prior address:

.....

.....

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

The information given by us on this form are true and correct to the best of our knowledge and belief. We understand that any false or misleading information given by us in connection with our application for or our membership with the credit union may result in termination of our membership, apart from any other legal sanctions that may apply.

Source of Funds:

Source of Funds:

Purpose of the Account:

Purpose of the Account:

We confirm that the account is for my own personal use and benefit.....Yes/No

If you ticked **No** above, please specify the beneficial owner:

Applicant's Signature:

Date:

Applicant's Signature:

Date:

PRIVACY NOTICE OF CARRICK-ON-SHANNON & DISTRICT CREDIT UNION LTD WHICH OUTLINES HOW AND WHY WE PROCESS YOUR PERSONAL DATA. PLEASE SIGN BELOW TO CONFIRM THAT YOU HAVE RECEIVED A COPY OF THIS NOTICE **SIGNED:**

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

I/We hereby apply for membership in the name of the said and I/we 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.

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.*

In the event of the account being opened by a person other than a parent/guardian of the member, [insert name 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 have access to the account.

Signed: **Date:**

Bank Account Details:

Do you wish to have withdrawals transferred to your bank account Y/N _____

If Yes please provide Bank Account details:

Bank Name _____
Sort Code _____
IBAN _____
BIC _____
Account Number _____

I understand that this account is opened subject to approval of acceptance by Carrick-on-Shannon & District Credit Union Membership Committee at their next monthly meeting.

Signed: _____ **Signed:** _____ **Dated:** _____

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:

[illegible]

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 Applicant or Parent/Guardian on behalf of Minor)

Date: _____

- 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 Applicant or Parent/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/>**

Deposit Guarantee Scheme

Please tick the box to confirm the following:

I acknowledge receipt of the Depositor Information Sheet

☐

Politically Exposed Person (PEP)

In accordance with Irish Anti-Money Laundering (AML) legislation there is an obligation on Financial Institutions to undertake Enhanced Customer Due Diligence (ECDD) on those clients who are classified as a Politically Exposed Person (PEP). It is your obligation to inform us of a change to your status as a PEP or Non PEP should it change at any time in the future.

PEP Close Associates & Family

The legislation extends the requirement to apply ECDD to an immediate family member, or a close associate, of a PEP

A "close associate" is defined by the Irish legislation to include any of the following persons:-

1. Any individual who has joint beneficial ownership of a legal entity, or a legal arrangement, or close business relationship, with a PEP;
2. Any individual who has sole beneficial ownership of a legal entity, or legal arrangement set up for the actual benefit of a PEP.

An "immediate family member" of a PEP includes any of the following persons:-

1. Any spouse of the PEP;
2. Any person who is considered to be the equivalent to a spouse of the PEP;
3. Any cohabitant of the PEP;
4. Any child of the PEP;
5. Any spouse of the child of a PEP;
6. Any person who is considered to be the equivalent to a spouse of a child of the PEP;
7. Any cohabitant of a child of the PEP;
8. Any parent of the PEP;
9. Any other family member of the PEP who is of a prescribed class.

Option 1

- ☐ I am a politically exposed person (PEP) or have been a PEP during the last year.(if you have checked this box, please provide the following information)

Description of PEP seniority: _____

Date you first became a PEP: _____

If you are no longer a PEP, date when the role ended: _____

Option 2

- ☐ An immediate family member or a close associate is a PEP or has been a PEP during the last year am a politically exposed person (PEP) or have been a PEP during the last year.(if you have checked this box, please provide the following information)

Option 3

- ☐ I am not a Politically Exposed Person (PEP) see definition.

Signed: _____

Dated: _____

Politically Exposed Person (PEP)

In accordance with Irish Anti-Money Laundering (AML) legislation there is an obligation on Financial Institutions to undertake Enhanced Customer Due Diligence (ECDD) on those clients who are classified as a Politically Exposed Person (PEP). It is your obligation to inform us of a change to your status as a PEP or Non PEP should it change at any time in the future.

PEP Close Associates & Family

The legislation extends the requirement to apply ECDD to an immediate family member, or a close associate, of a PEP

A "close associate" is defined by the Irish legislation to include any of the following persons:-

1. Any individual who has joint beneficial ownership of a legal entity, or a legal arrangement, or close business relationship, with a PEP;
2. Any individual who has sole beneficial ownership of a legal entity, or legal arrangement set up for the actual benefit of a PEP.

An "immediate family member" of a PEP includes any of the following persons:-

1. Any spouse of the PEP;
2. Any person who is considered to be the equivalent to a spouse of the PEP;
3. Any cohabitant of the PEP;
4. Any child of the PEP;
5. Any spouse of the child of a PEP;
6. Any person who is considered to be the equivalent to a spouse of a child of the PEP;
7. Any cohabitant of a child of the PEP;
8. Any parent of the PEP;
9. Any other family member of the PEP who is of a prescribed class.

Option 1

- ☐ I am a politically exposed person (PEP) or have been a PEP during the last year.(if you have checked this box, please provide the following information)

Description of PEP seniority: _____

Date you first became a PEP: _____

If you are no longer a PEP, date when the role ended: _____

Option 2

- ☐ An immediate family member or a close associate is a PEP or has been a PEP during the last year am a politically exposed person (PEP) or have been a PEP during the last year.(if you have checked this box, please provide the following information)

Option 3

- ☐ I am not a Politically Exposed Person (PEP) see definition.

Signed: _____

Dated: _____



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	<input type="checkbox"/>
Email	<input type="checkbox"/>
Text	<input type="checkbox"/>
Landline call	<input type="checkbox"/>
Mobile call	<input type="checkbox"/>

Signature of applicant	<i>Applicant 1</i>	<i>Applicant 2</i>
Date:		
You have a right to notify us free of charge at any time of your right to refuse such marketing by writing to/emailing marketing@carrickcreditunion.com 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.		

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.

Signature of applicant: _____

Date: _____

Signature of applicant: _____

Date: _____

Witnessed By: _____

Date: _____

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

Evidence of Identification¹

(Copies must be attached)

(Complete one or more of the following)

- | | |
|---|--------------------------|
| Current Valid Passport | <input type="checkbox"/> |
| Current Valid Driving Licence | <input type="checkbox"/> |
| ML10 Identification Form signed by the Garda Siochana | <input type="checkbox"/> |
| Other* Please specify..... | <input type="checkbox"/> |

Evidence of Address Verification

(Copies must be attached)

(Complete one or more of the following)

- | | |
|---|--------------------------|
| Original Recent Household Utility Bill | <input type="checkbox"/> |
| Document from Revenue Commissioners | <input type="checkbox"/> |
| Document from other Government Departments | <input type="checkbox"/> |
| Original Recent Bank/Building Society Statement | <input type="checkbox"/> |
| Full Valid Insurance Car/Home Policy | <input type="checkbox"/> |
| Other* *Please specify..... | <input type="checkbox"/> |

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.