



APPLICATION FOR MEMBERSHIP (Republic of Ireland)

Carrick-on-Shannon & District Credit Union Limited

Name:

Membership Number:.....

PPSN											
------	--	--	--	--	--	--	--	--	--	--	--

Address:

PPSN Indicator.....Y/N

.....

EIR Code: _____

.....

Gender: M/F _____

Occupation:

Telephone:

Date of Birth:/...../.....

Day/Month/Year

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;

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:

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*													
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 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: _____



Credit Union

FORM OF NOMINATION – REPUBLIC OF IRELAND

Credit Union Limited

(TO BE COMPLETED ONLY FOLLOWING ADMISSION TO MEMBERSHIP)

Membership Number:

I, [print name]

of [print address]

.....

a member of the above credit union, hereby revoke all previous nominations and nominate the following person or persons

	*Name/s	*Address/es	*Relationship of the Nominee to the Member
Nominee 1			
Nominee 2			
Nominee 3			
Nominee 4			
Nominee 5			
Nominee 6			

to become entitled to such property in the credit union (whether in savings, loans, insurances with the exception of the Death Benefit Rider, if applicable, or otherwise), not exceeding the limit of the amount for the time being authorised by law which I may have at the time of my death. The proceeds, if applicable, of the Death Benefit Rider may be applied by the credit union towards my vouched funeral/bereavement expenses and if not so applied shall be paid to the person(s) referred to above.

* Mandatory fields