



APPLICATION FOR MEMBERSHIP (Republic of Ireland)

.....Credit Union Limited

Name:

Membership Number:.....

Address:

PPSN																			
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PPSN Indicator.....Y/N

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.

Applicant's Signature:.....

Date:.....

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 of the account.....

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 & 2003. 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

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Information on how we use your Personal Data

Who we are: [] Credit union ("The Credit Union")

Address: []

Contact in respect of Data Protection: []

This notice is to provide you with information in respect of the processing of your personal data (as defined in the Data Protection Acts, 1988 and 2003), by the Credit Union. We are obliged to process your personal data in certain circumstances under legislation, for example for compliance with money laundering obligations or when reporting to Revenue for tax purposes. However there are instances where we require your consent before processing your personal data for example should we wish to use your personal data for marketing purposes.

You also have a right under Section 71 of the Credit Union Act, 1997 as amended, subject to exceptions listed in the Section, that any information that concerns an account or transaction of mine with the credit union may not be disclosed by the Credit Union without your consent.

What data is processed?

The Credit Union will collect and process personal data to include your name(s), contact details, date of birth, PPSN, and any other information provided by you in the application form or by other means of transacting with us. The Credit Union will assign you with a member number(s) by which you will be identified which can also be considered to be personal data. The Credit Union may record your image while you are on the premises by way of CCTV cameras and may also record your voice during a recorded phone call.

The purposes of processing your personal data

The Credit Union will use your personal data to assist it in carrying out the following:

- Verifying the information provided by you in the application and administering your account.
- Facilitating the provision of insurance products to you.
- Meeting tax obligations as required by Revenue.
- Meeting legal and compliance obligations, including money laundering obligations for the purposes of detection and prevention of fraud.
- Where CCTV footage may be captured of you it will be processed for security purposes and will be processed in line with data protection requirements. Signage will be used to notify you of any such recording.
- Where we record phone calls with members we do so for quality and training purposes, you will be notified of the recording beforehand and you will be given the option to end the call
- Providing updates on our services by way of directly marketing to you.

Disclosure of personal data to third parties

Agents/Subcontractors/Service Providers

The Credit Union in carrying out its functions, may require the expertise or assistance of a third party service provider or agent from time to time. The necessary contracts ensuring the protection of your personal data will be entered into by the Credit Union with those third parties.

Insurance

We provide products and services to our members involving insurance Loan Protection (LP), Life Savings (LS) and Death Benefit Insurance (DBI). To administer these products and services we will pass your details to ECCU Assurance DAC (ECCU), a life insurance company, wholly owned by the Irish League of Credit Unions. ECCU exists

to provide insurance to credit unions affiliated to the Irish League of Credit Unions. Before any sensitive data (which includes health, criminal convictions, race or ethnicity data) is processed, your specific prior consent will be requested.

Savings Protection Scheme

The Credit Union is affiliated to the Irish League of Credit Unions (ILCU) and have the benefit of being a member of the ILCU Savings Protection Scheme (SPS). We may disclose information in your application or in respect of any account or transaction of yours from the date of your original consent to authorised officers or employees of the Irish League of Credit Unions for the purpose of fulfilling requirements under the SPS.

Please now sign your consent to the processing of your personal data in the manners provided for above:

Signed: _____

Date: _____

Your Rights

Please note that you have the right to **access** personal data held about you by the credit union and **to correct** any inaccuracies in such data. If you wish to avail of either of these rights, please contact us at [_____].

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 the AGM notice). This will assist the Credit Union in reducing its carbon foot print and will also reduce costs.

Email address: _____

The credit union maintains the right to contact members by such means as best available to it in relation to a non-performing loan or outstanding debt to the credit union, including by text or email.

Keeping you informed: Direct Marketing

As part of improving our service to you, from time to time, the Credit Union would like to inform you of goods, services, competitions and or/ promotional offers available from us. The Credit Union may wish to use different means when sending such marketing communications. Please now indicate by which methods you consent to being contacted by.

	Yes	No
Post:	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>
Text:	<input type="checkbox"/>	<input type="checkbox"/>
Landline call:	<input type="checkbox"/>	<input type="checkbox"/>
Mobile call:	<input type="checkbox"/>	<input type="checkbox"/>

You have a right to notify us free of charge at any time of your right to refuse such marketing by writing to _____ or by using the "opt-out" options in any marketing message we send you.

Signature of applicant: _____ Date: (DDM/MM/YY) _____

To be completed where an account is opened for a minor and by virtue of the Credit Union's Minor Policy the minor is not yet of an age to provide receipts.

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

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:**

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

Evidence of Identification

(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 from the Garda Siochana | <input type="checkbox"/> |
| Official Identity Card (document issued by the | <input type="checkbox"/> |
| Revenue Commissioners or the Dept. of Social Protection) | <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 Bill | <input type="checkbox"/> |
| Electoral Register | <input type="checkbox"/> |
| Document from Revenue Commissioners | <input type="checkbox"/> |
| or other Government Departments | <input type="checkbox"/> |
| Original Recent Bank/Building Society Statement | <input type="checkbox"/> |
| Telephone/Street Directory | <input type="checkbox"/> |
| Other* *Please specify..... | <input type="checkbox"/> |

Verification of PPSN

- | | |
|--------------------------------|--------------------------|
| Public Services Card | <input type="checkbox"/> |
| Social Services Card | <input type="checkbox"/> |
| Drugs Payment Scheme Card | <input type="checkbox"/> |
| Medical Card | <input type="checkbox"/> |
| GP visit card | <input type="checkbox"/> |
| European Health Insurance Card | <input type="checkbox"/> |
| P60 / P45 | <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:**...../...../.....