



APPLICATION FOR SHARES/DEPOSITS TO BE HELD AS A JOINT TENANCY

.....Credit Union Limited

1.PPSN									
2.PPSN									

PPSN Indicator.....Y/N

Membership Number.....

Name:

Name:

Address:.....

Address:.....

.....
.....

.....
.....

Occupation:.....

Occupation:.....

Date of Birth:.....

Date of Birth:.....

[In the event of more than two persons making an application for a joint tenancy all must sign the application and provide the above details]

We, the undersigned, hereby apply for membership of and agree to abide by the rules of the above credit union, and declare that neither of us is, or has been, a member of any other credit union other than those listed as follows:

.....
.....
.....

All shares and deposits in the credit union will be held jointly by us. On the death of a joint tenant, all his/her interest in the joint tenancy including all accruals, additions thereto and insurances shall become the property of the surviving tenant(s).

The information given by us on this form is 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 our membership with the credit union

may result in termination of our membership, apart from any other legal sanctions that may apply.

Account Mandate

(a) The tenant(s) authorised to obtain a loan(s) is (please tick appropriate mandate):

(i)only (print name of tenant) or; ☐

(ii) tenants jointly ☐

<p>We (and each of us) confirm that the authorised tenant(s) is authorised by us and by each of us to create a charge or other security over all the shares, deposits, insurances, interest and dividends (including interest and dividends due), at any time in this account, in respect of borrowings by the authorised tenant(s) by reference to this account.</p>
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(b) The tenant(s) authorised to operate the account (other than with respect to loans) is (please tick appropriate mandate):

(i)only (print name of tenant) or; ☐

(ii) any one of us; or ☐

(iii) only by the signatures of all tenants ☐

(c) The only person entitled to vote in respect of the account ("**the voting tenant**") is.....

(d) Where the board of directors is satisfied, after considering medical evidence, that a tenant who is responsible for the operation of the account is incapable by reason of a mental or physical condition to manage and administer the property in the account, the responsibility shall pass to

Purpose of the Account

I confirm that the account is for our own personal use and benefit.....Yes/No

If you ticked **No** above, please specify the beneficial owner of the account.....

We hereby agree that this mandate shall remain in full force and effect until an amending mandate shall be communicated to the credit union under our joint signatures.

Signature:.....

Signature:.....

Print name:.....

Print name:.....

Witnessed by:.....

Print name:.....

Date:.....

Date:

Consent to use and disclosure/Data Protection Acts, 1988 and 2003 and Section 71 of the Credit Union Act, 1997

I understand that under the Data Protection Acts, 1988 and 2003 (the "DPA"), my consent may be required for the credit union to process personal data that it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data, such as data about my health, within the meaning of the DPA, the processing of which requires my explicit consent. I also understand that under Section 71 of the Credit Union Act, 1997, the credit union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction of mine with the credit union.

Giving your consent

For the purpose of assessing my application for a loan and generally for administering and monitoring any accounts I have with the credit union:

I consent:

- (i) to you seeking information concerning applications for loans and my credit history from the date of my original consent from any other credit union and for that purpose you may disclose any relevant information in this loan application to any such other credit union;
- (ii) to any other credit union disclosing information to this credit union concerning applications for loans and my credit history from the date of my original consent with any such other credit union;
- (iii) to you disclosing any information in my application or in respect of any account or transaction of mine with the credit union from the date of my original consent to authorised officers or employees of the Irish League of Credit Unions for the purpose of fulfilling requirements under the Savings Protection Scheme if such a scheme is operated on behalf of the credit union by the Irish League of Credit Unions; and
- (iv) to the processing of any information relating to me, either contained in this form or any other form or application, for the purpose of assessing this application and administering any accounts I maintain with the credit union.

Correspondence

For convenience, it may be necessary for the credit union to contact you via email or text message. Please note the credit union maintains the right to contact you by such means as best available to it in relation to a non-performing loan or outstanding debt to the credit union. Email address:

_____ Mobile no.: _____

Marketing

From time to time, the credit union may use your details to inform you of goods and/or services which may be of interest to you.

The use of your details for marketing purposes will depend on the preferences that you express below:

Opt-In (Marketing by email, text message and fax)

☐

We consent to the Credit Union, or third parties selected by the Credit Union, informing us of goods or services that may be of interest to us by email, text message or fax.

Opt-Out (other forms of marketing)

☐

Please tick the box opposite if you do **not** want the Credit Union, or third parties selected by the Credit Union, to inform you by phone or letter of goods or services that may be of interest to you.

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.

Signature of first applicant

Date (DD/MM/YYYY)

Witnessed by

Signature of second applicant (if any)

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

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:

First Applicant Signature Date:

Second Applicant SignatureDate:

- 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:

First Applicant Signature Date:

Second Applicant SignatureDate:

*** 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, 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.oecd.org/tax/transparency/automaticexchangeofinformation.htm>**

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

(Copies must be attached)

(Complete one or more of the following in respect of each applicant :)

- Current Valid Passport ☐
- Current Valid Driving Licence ☐
- ML10 Identification Form from the Garda Siochana ☐

Official Identity Card (document issued by the Revenue Commissioners or the Department of Social and Family Affairs) ☐

Other* ☐

*Please specify

Evidence of Address Verification

(Copies must be attached)

(Complete one or more of the following in respect of each applicant :)

- Original Recent Household Bill ☐
- Electoral Register ☐
- Document from Revenue Commissioners ☐
- or other Government Departments
- Original Bank/Building Society Statement ☐
- Telephone/Street Directory ☐

Other* ☐

*Please specify

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

Signed: Date:

(Membership Committee)