



Credit Union

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, and declare that I am not or have not been a member of any credit union other than those listed as follows:

.....
.....

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.....



Credit Union

IN THE EVENT THAT THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A PERSON WHO IS UNABLE TO GIVE RECIEPTS:

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:



Credit Union

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

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 (as amended), 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 you disclosing any information in my application or in respect of any account or transaction of mine with the credit union authorised officers or employees of ECCU Assurance Company Limited for the purpose of provision of insurance cover, which may apply, subject to the terms and conditions of cover provided by ECCU Assurance Company Limited to the credit union as policyholder.
- (v) 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: _____



Credit Union

Marketing

From time to time, the credit union would like to inform you of goods, services, competitions and/or promotional offers available from the credit union and carefully selected third parties, which may be of interest to you. **We do not give your details directly to the 3rd party.**

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)

☐

I/We consent to the Credit Union, or third parties selected by the Credit Union, informing me/us of goods or services that may be of interest to me/us by email, text message or fax, available from the credit union and carefully selected third parties.

Opt-Out (other forms of marketing)

☐

Please tick the box opposite if you do **not** want the credit union to inform you by phone or letter of goods, services, competitions and/or promotional offers that may be of interest to you that are available from the credit union and carefully selected third parties.

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 applicant

Date (DD/MM/YYYY)

Witnessed by

Date (DD/MM/YYYY)



- If you are tax resident in another country, please provide your Tax Identification Number ("TIN") and 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:

_____ Date: _____

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:

Date: _____

****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>**

Please tick the box to confirm the following:

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Credit Union

(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 | |
| ML10 Identification Form from the Garda Síochána | <input type="checkbox"/> |
| Official Identity Card (document issued by the Revenue Commissioners or the Department of Social and Family Affairs) | <input type="checkbox"/> |
| Other* | <input type="checkbox"/> |
| *Please specify..... | |

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 or other Government Departments | <input type="checkbox"/> |
| Original Recent Bank/Building Society Statement | <input type="checkbox"/> |
| Telephone/Street Directory | |
| Other* | <input type="checkbox"/> |
| *Please specify..... | |

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

Signed:

(Membership Committee)

Date:

Note: Evidence of parentage/guardianship should be obtained and held for future dealings in relation to the account.