



Membership No.

DRUMSHANBO CREDIT UNION

APPLICATION FOR JOINT MEMBERSHIP

Name: Name :

PPSN																			
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PPSN																			
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Address:
.....

Occupation:

Occupation:

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

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

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

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

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:.....

Applicant's Signature:.....Date:.....

PLEASE TAKE TIME TO READ THE PRIVACY NOTICE OF THE CREDIT UNION WHICH OUTLINES HOW AND WHY WE PROCESS YOUR PERSONAL DATA. A COPY IS AVAILABLE FOR YOU TO TAKE AWAY AND YOU CAN ACCESS THE PRIVACY NOTICE AT ANY TIME ON WWW.DRUMSHANBOCU.IE

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:	
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.

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 at age 16, when the minor can make the necessary receipts, the signing parent/guardian will no longer have access to the account.

Signed:..... **Date:**

Parent(s)/Guardian(s)/Other*

For Minor Accounts (Under 16), Please supply a document with the Child’s name and address and a proof of ID / Proof of Address of a Parent / Guardian

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*	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																								
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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:

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

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

Evidence of Identification

(Copies **must** be attached)

Note that as at April 2018 the Public Service Card cannot be accepted as a form of identification/PPSN verification.

(Complete one or more of the following)

- | | | |
|-------------------------------|--------------------------|--------------------------|
| Current Valid Passport | <input type="checkbox"/> | <input type="checkbox"/> |
| Current Valid Driving Licence | <input type="checkbox"/> | <input type="checkbox"/> |
| National Identity Card | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Please specify..... | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Electoral Register | <input type="checkbox"/> | <input type="checkbox"/> |
| Document from Revenue Commissioners | <input type="checkbox"/> | <input type="checkbox"/> |
| or other Government Departments | <input type="checkbox"/> | <input type="checkbox"/> |
| Original Recent Bank/Building Society Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| Telephone/Street Directory | <input type="checkbox"/> | <input type="checkbox"/> |
| Other* *Please specify..... | <input type="checkbox"/> | <input type="checkbox"/> |

For Minor Accounts (Under 16), Please supply a document with the Child's name and address and a proof of ID / Proof of Address of a Parent / Guardian

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

Signed:.....(Membership Committee) **Date:**...../...../.....

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	
Date	DD MM YYYY
Signature of applicant	
Date:	DD MM YYYY
<p>You have a right to notify us free of charge at any time of your right to refuse such marketing by writing to/emailing info@drumshanbocu.ie or by using the "opt-out" options in any marketing message we send you.</p> <p>Please contact us directly should you wish to change or withdraw your consent.</p>	

SUPPLEMENTARY MEMBERSHIP APPLICATION INFORMATION

Politically Exposed Person (PEP)

"Politically Exposed Person" means an individual who is, or has at any time in the preceding 12 months been, entrusted with a prominent public function, including either of the following individuals (but not including any middle ranking or more junior official):

- a) A specified official;
- b) A member of the administrative, management or supervisory body of a state-owned enterprise;

"Specified official" means any of the following officials (including any such officials in an institution of the European Communities or an international body):

- I A head of state, head of government, government minister or deputy or assistant government minister;
- II A member of a parliament;
- III A member of a supreme court, constitutional court or other high-level judicial body whose decisions other than in exceptional circumstances, are not subject to further appeal;
- IV A member of a court of auditors or of the board of a central bank;
- V An ambassador, chargé d'affaires or high-ranking officer in the armed forces.

Section 37 (10) of the CJA2010

"Close Associate"

In this section "close associate" of a politically exposed person includes any of the following persons:

- a) Any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person;
- b) Any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person;

Section 37 (10) of the CJA2010

"Immediate Family Member"

"immediate family member" of a politically exposed person includes any of the following persons:

- a) Any spouse of the politically exposed person;
- b) Any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person ill resides;
- c) Any child of the politically exposed person;
- d) Any spouse of a child of the politically exposed person;
- e) Any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides;
- f) Any parent of the politically exposed person;
- g) Any other family member of the politically exposed person who is of a prescribed class;

The Minister may prescribe a class of family member of a politically exposed person, for the purposes of paragraph (g) of the definition of "immediate family member" of a politically exposed person in subsection (10), only if the Minister is satisfied that it would be appropriate for the provisions of this section to be applied in relation to members of the class, having regard to any heightened risk, arising from their close family relationship with the politically exposed that such members may be involved in money laundering or terrorist financing.

Section 37 (11) of the CJA2010

All Credit Unions are obliged to comply with the legislation that Government has enacted to combat money laundering and the financing of terrorism. This legislation is called the "Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010" and the "criminal Justice Act, 2013". In accordance with this legislation, we are required to obtain answers from all our members to the following questions. We should be grateful if you would tick the relevant boxes on this form. An explanation of terms is available opposite.

Please tick (✓) the relevant box to answer the following questions:

- | | | |
|--|--|--|
| 1) Are you a: | 1st Named | 2nd Named |
| a) Politically Exposed Person (PEP) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Close associate of a PEP* | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Family member of a PEP* | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**as defined In Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010),*

If the answer to any of the above is "Yes", please why here:

- a) _____
- b) _____
- c) _____

- 2) **Are you the beneficial owner of the funds in your shares/deposit account?**
 Yes No Yes No

If the answer is "No", please explain why here:

I will promptly notify the Credit Union of any changes in the information which I have provided and confirm that I will inform the Credit Union in writing of the details of such changes and any other relevant/material information of which I may become aware at any after the date of this Declaration.

Signature: _____

Date: __/__/_____

Print Name (Block Letters) _____

Signature: _____

Date: __/__/_____

Print Name (Block Letters) _____