

MEMBERSHIP APPLICATION FORM

(PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS)

SECTION 1: PERSONAL DETAILS

Mr Mrs Miss Other (specify) Male Female

First Name

Surname

Address (include Eircode):

If less than three years, please provide previous address

PROOF OF IDENTITY MUST BE PROVIDED. FOR A LIST OF ACCEPTABLE DOCUMENTS (see Section 5)

Homeowner Tenant Living with parents Other (specify)

Date of Birth

Nationality

PPSN

Country of Residence

TIN

CONTACTS:

Tax Identification Number for more details see Section 5.5

Mobile:

Home:

Email:

SECTION 2: EMPLOYMENT DETAILS

Employee Self Employed Retired Unemployed Home Maker

Student Other (specify)

Income € per week fortnight month

Occupation

Employer Name:

Address:

SECTION 3: ANTI MONEY LAUNDERING DETAILS

I **DECLARE**, as account holder, that I am the Beneficial Owner of funds lodged Yes No

If No, provide further information _____

Which of our services do you intend to use?

Shares Deposits Loans

How do you intend to transact with the credit union?

EFT Direct Debit In Branch Other (specify)

DECLARATION: Are you a Politically Exposed Person Yes No

A Politically Exposed Person means an individual, or an immediate family member of an individual who is, or has held a prominent public function at any time in the last 12 months.

If Yes, please give more information _____

Please note it is your responsibility to notify us of any changes to this declaration during your period of membership with us.

SECTION 4: OTHER DETAILS

Are you, or have you ever been a member of any other Credit Union Yes No

If Yes, Name of the Credit Union(s) _____

COMMUNICATION & MARKETING: From time to time we may wish to inform you of services, products, promotional offers, competitions and Credit Union news which may be of interest to you. The use of your personal details for these purposes depend on the preferences you express below. For your information, AGM notifications are issued by email.

<p>COMMUNICATION AND MARKETING OPT - IN</p> <p>I consent to Community Credit Union informing me of services, etc. that may be of interest to me. Please tick the appropriate box(es) below. You may tick more than one option.</p> <p>Email <input type="checkbox"/> Text Message <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/></p>	<p>COMMUNICATION AND MARKETING OPT - OUT</p> <p>If you do not want Community Credit Union to inform you of services, etc., that may be of interest to you please tick the box <input type="checkbox"/></p> <p>ELECTRONIC AGM NOTIFICATION OPT - OUT</p> <p>If you wish to receive notice of the AGM by post instead of email, please tick the box <input type="checkbox"/></p>
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Please note we may still contact you if there is a legal or legitimate basis for such contact. You may update these preferences at any time by contacting us by letter or email to info@communitycu.ie.

SECTION 5: STATUTORY INFORMATION

5.1 PROOF OF IDENTIFICATION DOCUMENTS

Photographic Identification

- Passport
- Drivers Licence

NOTE: Documents must be current and valid

PPSN Identifications

- Payslip (within 3 months)
- P60
- Drugs Payment Card
- Public Services Card
- European Health Insurance Card
- Child Benefit Letter
- Correspondence from the Revenue Commissioners

Proof of Address Identification

- Utility Bill (including mobile phone bill)
- Current / Deposit Account Bank Statement (incl. fee/charges notices)
- Credit Union Statement (not Community Credit Union)
- Household/ Motor Insurance Certificate or Renewal Notice
- Correspondence from the Revenue Commissioners or Department of Employment Affairs & Social Protection or a Local Authority
- School or College confirming address of individual (16 – 18 years only)

NOTE : Documents must be dated within the last six months

5.2 EUROPEAN COMMUNITIES (PAYMENT SERVICES) REGULATIONS 2018

For information, your Framework Contract may be viewed on our website using the following link www.communitycu.ie

5.3 DEPOSIT GUARANTEE SCHEME INFORMATION SHEET

Community Credit Union is covered by the Statutory Deposit Guarantee Scheme which protects members' savings. The information sheet on how this scheme operates may be reviewed on our website using the following link www.communitycu.ie

5.4 DATA PROTECTION & DATA PRIVACY STATEMENT

The details provided in this Application Form, together with any other information that is furnished by you in connection with this application will be retained and processed by Community Credit Union in accordance with our Data Privacy Notice. This may be viewed on our website using the following link www.communitycu.ie

5.5 COMMON REPORTING STANDARD

This information is being sought under the Common Reporting Standard as provided by S891F of the Tax Consolidation Act, 1997. The information to be reported to the Revenue Commissioners includes, name, address, TIN, account number, account balance and payments on the account. The Revenue Commissioners may exchange the information securely with the Competent Tax Authority in your jurisdiction of tax residence, however, the information will at all times be treated with strict confidentiality in accordance with applicable Data Protection Laws.

I confirm the information provided by me is true and correct to the best of my knowledge and, if my circumstances change, I will notify the credit union.

Please tick this box

SECTION 6: DECLARATION

Declaration: I hereby apply for membership of Community Credit Union and I agree to abide by the rules of the Credit Union. I confirm that the information provided by me in this Application Form is true and correct to the best of my knowledge.

Applicants Signature: _____ **Date:** _____

In the event that the application for membership is in respect of a person who is unable to accept receipts:

I / We hereby apply for membership in the name of

and I / we acknowledge that all shares/ deposits arising from membership now and hereafter, shall be his/her sole property and all withdrawals shall be applied for his/her sole benefit.

Signed: _____ Parent(s)/ Guardian/ Other Date: _____

Signed: _____ Parent(s)/ Guardian/ Other Date: _____

OFFICE USE ONLY

Details verified and application approved for account number / / / / / / / / / / / in accordance with the Standard Rules of Community Credit Union.

Signed: _____

Proposed By: _____

Seconded By: _____
Membership Officer

Date: _____