



IRVINESTOWN
CREDIT UNION LTD.

APPLICATION FOR ADULT MEMBERSHIP



**APPLICATION FOR ADULT MEMBERSHIP
IRVINESTOWN CREDIT UNION LTD**

APPLICANT NAME:		A/C NO:	(for office use)
DATE OF BIRTH:	LANDLINE PHONE:	MOBILE:	
CURRENT ADDRESS:			
Postcode:			
Occupation:			
Purpose of the Account:			
I confirm that the account is for my own personal use and benefit			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you ticked No above, please specify the beneficial owner of the account:			
Politically Exposed Person (PEP) ¹	Yes <input type="checkbox"/> No <input type="checkbox"/>	Related to or a close associate of a PEP	Yes <input type="checkbox"/> No <input type="checkbox"/>
I hereby apply for membership of and agree to abide by the rules of Irvinestown Credit Union Limited, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.			
<u>It is important that you read and understand our Privacy Notice with this application form.</u>			
I authorise you: <ul style="list-style-type: none"> • to open the account in my name; and • to process the information I have provided you with for the purposes of maintaining my account with us. 			
Signature of applicant:			Date: DD MM YYYY

¹**Politically Exposed Person (PEP)** is defined under Regulation 35(14) of the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 as an individual who is entrusted with a prominent public function, other than as a middle ranking or more junior official e.g. Heads of State or of government ministers (including deputy or assistants), members of parliament or devolved legislative bodies including the Northern Ireland Assembly, senior government, judicial or military officials, senior executives of state owned corporations or international organisations and members of the governing bodies of political parties. Please also declare if you are a family member (spouse or civil partner of the children of the PEP and the spouses or civil partners of the PEP's children; parents of the PEP); or close associate of a PEP. If you are uncertain as to your status please discuss with the credit union. This information is requested for the purpose of compliance with the credit union's obligations under anti money laundering and terrorist financing legislation.

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:

Applicant Signature..... 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:

Applicant Signature..... Date:

***Mandatory Field**

****This information is being sought for the purposes of reporting obligations under the Common Reporting Standard (CRS), as provided for by the International Tax Compliance Regulations 2015. 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 HMRC 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 data protection legislation. Only data that is legally required to be reported will be provided to the HMRC.**

For more information on this, please speak to your credit union or see

<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

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:

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

Please contact us directly should you wish to change or withdraw your consent.

Financial Services Compensation Scheme Information Sheet and Exclusions List Declaration

Please tick the box below to confirm the following:

I acknowledge receipt of the Information Sheet and Exclusion List

Accounting Opening Privacy Notice

Please take time to read the account opening 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.irvinestowncu.com].

[Please tick here to confirm that you have received a copy of our account opening privacy notice

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:

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.

For Credit Union Office Use Only

Application approved and details verified in accordance with the Standard Rules for Northern Ireland

Approved by	
Signature	
Position	(Membership Committee)
Date:	
Book Number:	

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

Evidence of Identification

(Copies must be attached)

(Complete at least one of the following)

- Current Valid Passport
- Current Valid Driving Licence
- National Identity Card
- Birth Certificate (for a minor/or evidence of name change only)
- Other*
- *Please specify...

Evidence of Address Verification

(Copies must be attached)

(Complete at least one of the following)

- Current Utility Bill (e.g. Gas/Electricity Bill)
- Official document from a Government Body
- Original Recent Bank/Building Society Statement
- Council Document
- Current Insurance Document (e.g. House/Motor Insurance)
- Other*
- *Please specify (i.e. in genuine cases where the above cannot be presented)

FORM OF NOMINATION
Irvinestown Credit Union Limited

SINGLE OR MULTIPLE NOMINEES
(TO BE COMPLETED ONLY FOLLOWING ADMISSION TO MEMBERSHIP)

Membership Number:

I, [print name].....

of [print address]

.....

a member of the above credit union, **hereby revoke all previous nominations and nominate the following person or persons**

	Nominee 1	Nominee 2	Nominee 3
Name/s			
Address/es			

to become entitled to such property in the credit union (whether in savings, loans, insurances with the exception of the Death Benefit Rider, if applicable, or otherwise), not exceeding the limit of the amount for the time being authorised by law which I may have at the time of my death. The proceeds, if applicable, of the Death Benefit Rider may be applied by the credit union towards my vouched funeral/bereavement expenses and if not so applied shall be paid to the person(s) referred to above.

Notes:

- *This form should be completed **only** following admission to membership of the nominator.*
- *This form should be adapted if specific property only is to be nominated.*
- *Under Article 17(4) of The Credit Unions (Northern Ireland) Order, 1985, a nomination is not **revocable or variable by the will of the nominator or by any codicil to his/her will.***
- *Under Article 17(6) of The Credit Unions (Northern Ireland) Order, 1985, the **marriage of a member of a credit union revokes any nomination made by him/her before his/her marriage.***
- *Under Rule 155(5) of the Standard Rules for Credit Unions (Northern Ireland) a **nomination shall be revoked by the death of the nominee before the death of the nominator.***
- *Under Article 17(1) of The Credit Unions (Northern Ireland) Order, 1985, the form of nomination must either (a) be made in a book at the registered office of the credit union or (b) delivered to the registered office during the nominator's lifetime.*

Signed:
Member

Date:

Signed:

Print Name:

Witness

[The witness shall not be a nominee]

Address:

.....

.....

Occupation:

Witness

.....

Witness

