

APPLICATION TO OPEN ACCOUNT FOR A PERSON TOO YOUNG TO BE A MEMBER IRVINESTOWN CREDIT UNION LTD

Minor Applicant Information									
Name:			A/C NO:	(for office use)					
Date of birth:									
Current address:									
City/Town:	County:		Postcode:						
Parents / Guardians Information									
Name:		Name:							
Date of birth:		Date of birth:							
Current Address (inc postcode):			Current Address (inc postcode):						
Telephone:		Teleph	one:						
For and on behalf of the Minor, I/We, the parents/guardians of the said hereby apply to open an account in the name of the said hardward and J/We agree to abide by the rules of Credit Union Limited regarding such account and declare that the information given by me/us on this form is true and correct to the best of my/our knowledge and belief.									
Signatures of Parents/Guardians: /									
Date:									
It is important that you read and understand the section entitled Your Information with this application form. I (Minor)									
Signature of Minor (if applicable):									
Date:									

N.B. - Rule 18 of Standard Rules for Credit Unions (Northern Ireland) reads:

18. Two months before a minor depositor attains the age of 16 the credit union shall serve upon him and his signing parent or guardian a notice requiring the minor on attaining that age either to withdraw the balance of the account or to join the credit union so that the balance can be transferred to shareholding in his name in the credit union; if the minor depositor takes no action he shall be deemed to have applied for membership of the credit union and after deduction of the normal fee on joining, the balance shall be transferred to shareholding in his name. The transferring minor will not be permitted to transact as a member until he has complied in full with Rule 6 (3) and Rule 7.

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*																	1					
Country of Tax Residence*								<u> </u>		1	1									ļ		
2.TIN*																						
Country of Tax Residence*			ı	ı	ı	ı		1		1	1	Į	1			<u> </u>				ı	·	
I confirm that the information promy circumstances change, I will n Signature (Parents/Guardians on bei	oti	ify	the	cr	edi	t ur	nio	n:														
- If you are <u>not</u> tax residen	nt	in	and	oth	er	coı	ınt	ry,	pl	eas	se s	igı	ı tł	ie f	oll	ow	in	g:				
I wish to declare that I am not rescircumstances change, I will notify					-	-		es i	n a	ny	oth	er	coı	unt	ry, :	and	d tl	hat	if i	my		
Signature (Parents/Guardians on bei	hal	lf oj	^F Mi	nor) .																	
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 the 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

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 \Box	

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 \Box



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:	DD MM YYYY				
Book Number:					

(THIS SECTION IS TO BE COMPLETED BY THE CREDIT UNION)					
Evidence of Identification (Complete at least one of the following)	(Copies must be attached)				
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 (Complete at least one of the following)	(Copies must be attached)				
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 presented)	annot be				