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| APPLICATION FOR MEMBERSHIP (Republic of Ireland) **Malahide & District Credit Union Limited** |

**Name: ………………………………………………. Membership Number:…………...............**

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| **PPSN** |  |  |  |  |  |  |  |  |  |  |

**Address: ………………………………………………. 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.

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.

**Source of Funds:** ………………………………………………………………………………………………………………………………..

**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; ………………………………………………………………..

**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.malahidecu.ie Please tick this box to confirm that you have received same

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| **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.** |

**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 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\***

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| **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.  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: …………………………………  **\* 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**](mailto:aeoi@revenue.ie) **or see** [**http://www.revenue.ie/en/business/aeoi/**](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[[1]](#footnote-1)** (Copies must be attached)

(Complete one or more of the following)

Current Valid Passport ❑

Current Valid Driving Licence ❑

ML10 Identification Form from the Garda Siochana ❑

National Identity Card ❑

Other\* Please specify**………………………………………..** ❑

**Evidence of Address Verification** (Copies must be attached)

(Complete one or more of the following)

Original Recent Household Bill ❑

Electoral Register ❑

Document from Revenue Commissioners ❑

or other Government Departments ❑

Original Recent Bank/Building Society Statement ❑

Telephone/Street Directory ❑

Other\* \*Please specify**……………………………………………………** ❑

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

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

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| **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** | **☐** | | **Email** | **☐** | | **Text** | **☐** | | **Landline call** | **☐** | | **Mobile call** | **☐** |  |  |  | | --- | --- | | **Signature of applicant** |  | | **Date:** | DD MM YYYY | | **You have a right to notify us free of charge at any time of your right to refuse such marketing by writing to/emailing DPO@malahidecu.ie 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.** | | |

**Deposit Guarantee Scheme – Depositor Information Sheet**

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| Basic information about the protection of your eligible deposits | |
| Eligible deposits in Malahide & District Credit Union Limited | the Deposit Guarantee Scheme (“DGS”) (1) |
| Limit of protection: | €100,000 per depositor per credit institution (2*)* |
| If you have more eligible deposits at the same credit institution: | All your eligible deposits at the same credit institution are ‘aggregated’ and the total is subject to the limit of €100,000 (2) |
| If you have a joint account with other person(s): | The limit of €100,000 applies to each depositor separately (3) |
| Reimbursement period in case of credit institution’s failure: | 15 working days (4) |
| Currency of reimbursement: | Euro or, for branches of Irish banks operating in another member state of the EEA, the currency of that member state. |
| To Contact Malahide & District Credit Union Limited for enquiries relating to your account:  To contact the DGS for further information on compensation: | Malahide & District Credit Union Limited  4 Main Street  Malahide  Co Dubin  Tel: 018451400  Email: info@malahidecu.ie  Deposit Guarantee Scheme  Central Bank of Ireland  PO BOX 11517  Spencer Dock  North Wall Quay  Dublin 1  Tel: 1890-777777  Email: info@depositguarantee.ie |
| More information: | www.depositguarantee.ie |
| Acknowledgement of receipt by the depositor: |  |

Additional information

(1) **Scheme responsible for the protection of your deposit**

Your deposit is covered by a statutory deposit guarantee scheme. If insolvency should occur, your eligible deposits would be repaid up to €100,000.

(2) **General limit of protection**

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by the DGS. This repayment covers at maximum €100,000 per person per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100,000.

(3) **Limit of protection for joint accounts**

In case of joint accounts, the limit of €100,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of €100,000.

In some cases eligible deposits which are categorised as “temporary high balances” are protected above €100,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits relating to certain events which include:

1. certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential property;
2. sums paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits;
3. the depositor’s marriage, judicial separation, dissolution of civil partnership, and divorce;
4. sums paid to the depositor in respect of benefits payable on death; claims for compensation in respect of a person’s death or a legacy or distribution from the estate of a deceased person.

More information can be obtained at [www.depositguarantee.ie](http://www.depositguarantee.ie)

(4) **Reimbursement**

The responsible deposit guarantee scheme is:

Deposit Guarantee Scheme, Central Bank of Ireland, PO Box 11517, Spencer Dock, North Wall Quay, Dublin 1.

Tel: 1890-777777. Email: [info@depositguarantee.ie](mailto:info@depositguarantee.ie). Website: [www.depositguarantee.ie](http://www.depositguarantee.ie).

It will repay your eligible deposits (up to €100,000) within 15 working days until 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 days from 1 January 2024 onwards, save where specific exceptions apply.

Where the repayable amount cannot be made available within seven working days depositors will be given access to an appropriate amount of their covered deposits to cover the cost of living within five working days of a request. Access to the appropriate amount will only be made on the basis of data provided by the credit institution. If you have not been repaid within these deadlines, you should contact the deposit guarantee scheme.

**Other important information**

In general, all retail depositors and businesses are covered by the Deposit Guarantee Scheme. Exceptions for certain deposits are stated on the website of the Deposit Guarantee Scheme. Your credit institution will also inform you on request whether certain products are covered or not. If deposits are eligible, the credit institution shall also confirm this on the statement of account.

**Are you a “Politically Exposed Person” (PEP)\* \_\_\_\_\_\_\_\_\_\_\_\_ (Yes/No).**

**\*Please see below for definition of a PEP**

If “Yes” – Please provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Definition of a “Politically Exposed Person” (PEP):**

*Individuals who are or have in the last 12 months been entrusted with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important political party officials.*

*It also includes family member and close associates of such individuals.*

Please discuss with a staff member if you have more questions.

**I confirm that the information provided above is true and correct to the best of my knowledge and I will promptly notify the Credit Union of any material changes in the information set out above.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note – witness must be a credit union officer

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**HOW DID YOU HEAR ABOUT MALAHIDE CREDIT UNION?**

**Family / Friend**

**Print Advertisement**

**Outdoor Advertisement**

**Newspaper Article**

**Flyer / Poster**

**Internet**

**Facebook**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Note that as at April 2018 the Public Service Card cannot be either requested, or accepted if volunteered, as a form of identification/PPSN verification. [↑](#footnote-ref-1)