

Account Number:



Joint Membership Application Form

Join Us

Stronger Together

No 3 The Mall, Lucan, Co. Dublin. Tel: 01 628 1642
Sub Branch: Unit 1, Finnstown Shopping Centre, Newcastle Road, Lucan. Tel: 01 621 3506

info@lucancu.ie www.lucancu.ie



Joint Membership Application Form *(Please complete this form in block capitals)*

Membership No.:

Section 1: CONTACT DETAILS

Applicant 1

Mr. Mrs. Ms. Male Female

Surname: First Name(s):

Date of Birth Day: Month: Year:

Home Address:

Type of accommodation: House Flat Apt Length of time at present address:

Accommodation Status: Owner Tenant With Parents

If less than 5 years, state previous address:

Contact Phone No.: Mobile: Home: Work:

Email address:

Applicant 2

Mr. Mrs. Ms. Male Female

Surname: First Name(s):

Date of Birth Day: Month: Year:

Home Address:

Type of accommodation: House Flat Apt Length of time at present address:

Accommodation Status: Owner Tenant With Parents

If less than 5 years, state previous address:

Contact Phone No.: Mobile: Home: Work:

Email address:

Section 2: ANTI-MONEY LAUNDERING COMPLIANCE

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.

In compliance with section 31 of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010, the following details must be completed:

Applicant 1

REASON FOR OPENING ACCOUNT: Shares Loans Deposits Other (please specify) _____

SOURCE OF FUNDS: Wages Welfare Pension Other (please specify) _____

ESTIMATED WEEKLY/MONTHLY PAYMENTS: € _____ PER WEEK/MONTH (delete whichever is applicable)

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

1. Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010?

Yes No If the answer is 'Yes', please explain why here:

2. Are you the beneficial owner of the funds in your shares/deposit account? Yes No If the answer is 'No', please explain why here:

3. 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 time after the date of this Declaration.

Applicant [SIGNATURE]:

Date:

Witnessed by [SIGNATURE]:

Date:

Applicant 2

REASON FOR OPENING ACCOUNT: Shares Loans Deposits Other (please specify) _____

SOURCE OF FUNDS: Wages Welfare Pension Other (please specify) _____

ESTIMATED WEEKLY/MONTHLY PAYMENTS: € _____ PER WEEK/MONTH (delete whichever is applicable)

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

1. Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010?

Yes No If the answer is 'Yes', please explain why here:

2. Are you the beneficial owner of the funds in your shares/deposit account? Yes No If the answer is 'No', please explain why here:

3. 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 time after the date of this Declaration.

Applicant [SIGNATURE]:

Date:

Witnessed by [SIGNATURE]:

Date:

Section 3: JOINT MEMBERSHIP DETAILS

We, the undersigned, hereby apply for membership of and agree to abide by the rules of the above credit union, and declare that neither of us is, or has been, a member of any other credit union other than those listed as follows:

All shares and deposits in the credit union will be held jointly by us. On the death of a joint tenant, all his/her interest in the joint tenancy including all accruals, additions thereto and insurances shall become the property of the surviving tenant(s).

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 our membership with the credit union may result in termination of our membership, apart from any other legal sanctions that may apply.

The person responsible for:

(a) the operation of the account, and the only person entitled to obtain a loan or loans thereon ("the authorised tenant")

is _____

(b) voting in respect of the account ("the voting tenant")

is _____

We (and each of us) confirm that the authorised tenant(s) is authorised by us and by each of us to create a charge or other security over all the shares, deposits, insurances, interest and dividends (including interest and dividends due), at any time in this account, in respect of borrowings by the authorised tenant(s) by reference to this account.

Consent to use and disclosure/Data Protection Acts, 1988 and 2003 and Section 71 of the Credit Union Act, 1997

We understand that under the Data Protection Acts, 1988 and 2003 (the "DPA"), our consent may be required for the credit union to process personal data that it may have in its possession concerning us (including disclosure to third parties). We note that this personal data may include sensitive personal data, such as data about our health, within the meaning of the DPA, the processing of which requires our explicit consent. We also understand that under Section 71 of the Credit Union Act, 1997, the credit union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without our consent, any information that concerns an account or transaction of ours with the credit union.

Giving your consent

For the purpose of assessing my application for a loan and generally for administering and monitoring any accounts I have with the credit union:

We consent:

- i. to you seeking information concerning applications for loans and my our credit history from the date of our original consent from any other credit union and for that purpose you may disclose any relevant information in this loan application to any such other credit union;
- ii. to any other credit union disclosing information to this credit union concerning applications for loans and our credit history from the date of our original consent with any such other credit union; and
- iii. to the processing of any information relating to us, either contained in this form or any other form or application, for the purpose of assessing this application and administering any accounts we maintain with the credit union.

The tenant(s) authorised to operate the account (other than with respect to loans) are as follows: (Please tick (✓) the relevant box)

N.B. We agree that both parties must sign loan applications/credit agreements at all times.

Option 1 - both tenants must sign for a withdrawal

Option 2 – either tenant can sign for a withdrawal

Option 3 – only tenant Sign: _____ can sign for a withdrawal

We hereby agree that this mandate shall remain in full force and effect until an amending mandate shall be communicated in writing to the credit union under our joint account and that both parties must sign loan applications/agreements at all times.

Signed: (1)

Signed: (2)

Section 4: EMPLOYMENT DETAILS

Applicant 1

Employers Name:

Work Address:

Length of time in current employment:

Years/months

Occupation:

Applicant 2

Employers Name:

Work Address:

Length of time in current employment:

Years/months

Occupation:

Section 5: 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/We confirm that the information provided is true and correct to the best of my/our knowledge, and that if my/our circumstances change, I/we will notify the credit union:

Member Signature:

Date:

Member 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 Section 891F of the Taxes Consolidation Act 1997. 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 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 & 2003. 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.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

If you are not tax resident in another country, please sign the following:

I/We wish to declare that I/we am/are not resident for tax purposes in any other country, and that if my/our circumstances change, I/we will notify the credit union:

Member Signature:

Date:

Member Signature:

Date:

The information given by me on this form is true and correct to best of my knowledge. I understand that any false or misleading information given by me in connection with my application for my membership with Lucan District Credit Union Ltd may result in termination of my membership, apart from any other legal sanctions that may apply.

Applicant 1

Applicant's Signature:

Date:

Witness to Signature:

Date:

Witness Name (PRINT):

Applicant 2

Applicant's Signature:

Date:

Witness to Signature:

Date:

Witness Name (PRINT):

Opt-In Marketing:

I consent to the Credit Union informing me of goods and services that may be of interest to me by:

Email Text Message Fax Letter

Opt-Out Marketing:

Please tick the box if you do NOT want the Credit Union to inform you by email, text message, fax or letter of goods or services.

DOCUMENTS REQUIRED TO ACCOMPANY THIS APPLICATION

PHOTO ID [eg. Passport/Full Driving Licence] PROOF OF ADDRESS [eg. Bank Statement/Utility Bill]
 PROOF OF PPSN [eg. Tax Certificate/Medical Card/etc.]

Section 6: FOR CREDIT UNION USE ONLY

EVIDENCE OF IDENTIFICATION *(Indicate one or more of the following with all copies attached):*

Current Valid Passport Valid Full Driving Licence Current Valid ID Card Other _____

Related to

Relationship:

EVIDENCE OF ADDRESS VERIFICATION *(Indicate one or more of the following with all copies attached):*

Original Recent Household Bill Original Bank/Building Society Statement

Telephone/Street Directory Other (please specify) _____

Section 1,2,3 & 4 under Anti Money Laundering Compliance Have Been Completed

CTR: Yes No

Date:

PPS No/Tax ID

Copy Attached

Application approved and details verified in accordance with the Credit Union Rule by:

Signature:

Date:

Entered by: