

Membership Application Form

Join Us



Lucan District Credit Union:

Unit 1, Finnstown Shopping Centre,
Newcastle Road, Lucan Co Dublin.

Tel: 0818 297007 help@lucancu.ie www.lucancu.ie

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

Membership No.:

Mr. Mrs. Ms. Male Female

Section 1: CONTACT DETAILS

Surname: First Name(s):

Home Address:

Length of time at present address:

House Flat Apt

With parents Owner Tenant

If less than 5 years at present address, indicate previous home address:

Date of Birth Day: Month: Year:

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:

REASON FOR OPENING ACCOUNT:

Shares Loans Deposits Other (please specify) _____

SOURCE OF FUNDS:

Wages Welfare Pension Other (please specify) _____

ESTIMATED WEEKLY/MONTHLY SAVINGS: € _____ 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: EMPLOYMENT DETAILS

Employers Name: _____

Work Address: _____

Length of time in current employment: _____ Years/months

Occupation: _____

IN THE EVENT THAT MY APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A PERSON WHO IS UNABLE TO GIVE RECEIPTS:

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 here after shall be his/her sole property and all withdrawals shall be applied to his/her sole benefit.

Signed: _____

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

Section 4: CONSENT TO USE AND DISCLOSURE/ DATA PROTECTION

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

I understand that under the Data Protection Acts, 1988 and 2003 (the "DPA"), my consent may be required for the credit union to process personal data that it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data, such as data about my health, within the meaning of the DPA, the processing of which requires my explicit consent. I 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 my consent, any information that concerns an account or transaction of mine 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:

I consent:

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

Correspondence

For convenience, it may be necessary for the credit union to contact you via email or text message. Please note the credit union maintains the right to contact you by such means as best available to it in relation to a non-performing loan or outstanding debt to the credit union.

Email address: _____ Mobile no.: _____

The use of your details for marketing purposes will depend on the preferences that you express below:

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.

Applicant's Signature: _____

Date: _____

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:

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:

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 acoi@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 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:

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's Signature: _____ Date: _____

Witness to Signature: _____ Date: _____

Witness Name (PRINT): _____

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 Membership No: _____ 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: _____