



SINGLE MEMBERSHIP APPLICATION FORM

ACCOUNT
NUMBER

Please see overleaf for supporting documentation requirements

☐ New Member ☐ Re-activate Account ☐ File Update

Title:		Marital Status:	
First Name		Spouse Name:	
Surname:		Dependents:	
Date of Birth:		Nationality:	
PPS No.		Employment Details	
Address:		Employment Status:	
		Occupation:	
		Employer Name:	
Eircode:		Employer Address:	
Accommodation Status:			
How long at present address:			
Home Tel No:		Common Bond through: (please tick)	
Mobile Tel No:		Living within Common Bond	<input type="checkbox"/>
Work Tel No:		Working within Common Bond	<input type="checkbox"/>
Email:		Other (please state)	<input type="checkbox"/>

Declaration:

I hereby apply for membership of and agree to abide by the rules of the above credit union, and declare that I am not or have not been a member of any credit union other than those listed as follows:

_____ Credit Union Limited
 _____ Credit Union Limited

I confirm that I am in good health ☐ Yes ☐ No

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

Signature of applicant: _____ Witnessed by: _____ Date: _____

Contact & Photograph Permission Declaration

Contact Authorisation: I consent that Letterkenny Credit Union can contact me from this date forward via SMS text/email and fax in relation to my account.

Photographic Permission Declaration - I hereby give permission to the Credit Union to take and keep my photograph on file. This photograph will be kept on the Credit union records for identification purposes.

Signature of applicant: _____ Witnessed by: _____ Date: _____

ADDITIONAL SECURITY

You may add a security question to your account **(only answer one)**:

Favourite Date	
Favourite Film	
First Child's Name	
First Employer	
First Pet Name	
First School	

ADDITIONAL INFORMATION

How did you hear about Letterkenny Credit Union Ltd?

Newspaper	
Radio	
Referral from a friend	

FOR OFFICE USE ONLY

Single Membership Application Sign off sheet

Evidence Of Identification	
Current Valid Passport	
Current Valid Driver's License	
Garda Emigration Card	
Other Please specify _____	

Evidence of Address dated within last 6 months	
Original Household Utility Bill	
Bank Statement	
Revenue / social welfare Correspondance	
Other Please specify _____	

Evidence Of PPS Number	
Social Welfare/ Revenue Letter	
PPS Card	
Payslip	
Medical / Drugs Payment Card	
Other Please specify_____	

Notes:

Documents approved and details verified in accordance with Letterkenny Credit Unions Membership policy:

On behalf of Membersip Committee

Print Name

Date

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 credit history from the date of my 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 credit history from the date of my original consent with any such other credit union;
- (iii) to you disclosing any information in my application or in respect of any account or transaction of mine with the credit union from the date of my original consent to authorised officers or employees of the Irish League of Credit Unions for the purpose of fulfilling requirements under the Savings Protection Scheme if such a scheme is operated on behalf of the credit union by the Irish League of Credit Unions; and
- (iv) to you disclosing any information in my application or in respect of any account or transaction of mine with the credit union to authorised officers or employees of ECCU Assurance Company Limited for the purpose of provision of insurance cover, which may apply, subject to the terms and conditions of cover provided by ECCU Assurance Company Limited to the credit union as policyholder; and
- (v) 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 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.

Marketing

From time to time, the credit union would like to inform you of goods, services, competitions and or/ promotional offers available from the credit union and carefully selected third parties which may be of interest to you. **We do not give your details directly to the 3rd party.**

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

- **Opt-In (Marketing by email, text message and fax)**
We consent to the credit union, informing us of goods or services, competitions and promotional offers that may be of interest to us by email, text message or fax available from the credit union and carefully selected third parties.
- **Opt-Out (other forms of marketing)**
Please tick the box opposite if you do **not** want the credit union to inform you by phone or letter of goods, services, competitions and promotional offers that may be of interest to you that are available from the credit union and carefully selected third parties.

Please note that you have the right to access personal data held about you by the credit union and to correct any inaccuracies in such data.

Signature of applicant _____ Witnessed by _____ Date (DD/MM/YYYY) _____

Deposit Guarantee Scheme

Please tick the box to confirm the following:

I acknowledge receipt of the Depositor Information Sheet

☐

Supplementary Membership Application Information

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 would be grateful if you would tick the relevant boxes on this form. An explanation of terms is attached.

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

- 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: _____

- Are you the beneficial owner of the funds in your shares account?

Yes ☐ No ☐

If the answer is "No", please explain why here: _____

- 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 relevant/material information of which I become aware at any time after the date of this Declaration.

Member's Signature: _____ Witnessed by: _____ Date: _____

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:

Name 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:

Name 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>**

Deposit Guarantee Scheme – Depositor Information Sheet
Basic Information about the protection of your eligible deposits

Eligible deposits in Letterkenny Credit Union are protected by:

the Deposit Guarantee Scheme (“DGS”) (1)

Limit of protection:

€100,000.00 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 the €100,000.00 (2)

If you have a joint account with other person(s):

The limit of €100,000.00 applies to each depositor separately (3)

Reimbursement period in case of credit institution’s failure:

20 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 Letterkenny Credit Union for enquiries relating to your account:

Letterkenny Credit Union

High Road, Letterkenny, Co. Donegal

Tel: (074) 9124166 Email: info@letterkennycu.ie

To contact the DGS for further information on compensation:

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: <http://www.depositguarantee.ie/>

Acknowledgement of receipt by the depositor:

Signature: _____

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

(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. Website: www.depositguarantee.ie.

It will repay your eligible deposits (up to €100,000) within 20 working days until 31 December 2018; within 15 working days from 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.