

JUVENILE MEMBERSHIP APPLICATION FORM

☐ New Member ☐ Re-activate Account ☐ File Update

ACCOUNT
NUMBER

Title:		Checklist for required supporting documentation (Note: Accounts can only be opened by a parent or legal guardian)	
First Name		For child <ul style="list-style-type: none"> • Birth Certificate • Verification of minors PPS number 	
Surname:		For parent of child <ul style="list-style-type: none"> • Valid Photo ID (current valid passport/drivers license/ML10) • Evidence of Address (must be dated within the last 6 months, original utility bill/document from a government department/ original bank statement) 	
Date of Birth:		Common Bond through: (please tick)	
PPS No.		Living within Common Bond	
Address:		Parent/Guardian working within Common Bond and an account holder with LKCU	
Eircode:		Other (please state)	
Home Tel No:		Parent(s) Account Number(s) (if any):	
Parent/Guardian Mobile Tel No:			

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.

IN THE EVENT THAT THE MEMBER THROUGH INCAPACITY OR AGE IS UNABLE TO SIGN FOR THEMSELVES PLEASE ENSURE THAT THE PARENT/GUARDIAN NOMINATED BELOW SIGNS ON THEIR BEHALF WITH THE APPROPRIATE PHOTO IDENTIFICATION:

Please note that all withdrawals by juvenile members must be accompanied by their parent/guardian.

IMPORTANT NOTE: Where possible the juvenile should sign all sections of this application form

Signature of applicant: _____ Date: _____

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: _____ Date: _____

Account Withdrawal Authorisation

Re: JUVENILE ACCOUNT ACCESS RECORD

Account No.: _____

Name of Juvenile: _____

The following parent(s) can make withdrawals and receive receipts in relation to the above-mentioned account until the member reaches 13 years of age.

Authorisation 1

Authorisation 2

Parent/Guardian's Print Name

Parent/Guardian's Print Name

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.

Signature: _____

Witnessed by: _____

Print Name: _____

Date: _____

FOR OFFICE USE ONLY

Juvenile Membership Application Sign off sheet

Evidence Of Identification	
Birth Certificate/Current Passport	
PPS Verification	
Parent/Guardian Account Number	
Parent/Guardian Photo ID	
Parent/Guardian Evidence of Address	
Verification of Common Bond if Applicable	

Notes:

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

On behalf of Membership Committee

Print Name

Date

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

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Supplementary Membership Application Information	
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Please tick(✓) the relevant box to answer the following questions:

- Yes ☐ No ☐

- Yes ☐ No ☐

- Signature of applicant:** _____ **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:

[illegible]

Name Date:

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

Name Date:

****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.