

Joint Account Membership Application Form

(PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS)

APPLICANT 1

Account No.

PERSONAL DETAILS

Mr. ☐ Mrs. ☐ Ms. ☐ Other

First Name(s):

Surname:

Date of Birth:

Day:

Month:

Year:

Marital Status:

Maiden Name:

Contact Phone No.

Mobile:

Email address:

Number of Dependents:

Accommodation: Home Owner ☐

Renting ☐

Living with Parents ☐

Other

PPS No. / Tax ID No:

Employment Status: Full Time ☐

Part-Time ☐

Unemployed ☐

Student ☐

Other

Employer Name:

Position:

Pay Frequency: Weekly ☐

Monthly ☐

Fortnightly ☐

Salary: €

Home Address:

Home Phone No.

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

Address of Employer:

Work Phone No.

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 Member First Credit Union Ltd. May result in termination of my membership, apart from any other legal sanctions that may apply.

Members Signature: Print Name: Date:

Witnessed by: Print Name: Date:

APPLICANT 2

PERSONAL DETAILS

Mr. ☐ Mrs. ☐ Ms. ☐ Other

First Name(s): Surname:

Date of Birth: Day: Month: Year:

Marital Status: Maiden Name:

Contact Phone No. Mobile:

Email address:

Number of Dependents:

Accommodation: Home Owner ☐ Renting ☐ Living with Parents ☐

Other

PPS No. / Tax ID No:

Employment Status: Full Time ☐ Part-Time ☐ Unemployed ☐ Student ☐ Other

Employer Name: Position:

Pay Frequency: Weekly ☐ Monthly ☐ Fortnightly ☐ Salary: €

Home Address:

Home Phone No.

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

Address of Employer:

Work Phone No.

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 Member First Credit Union Ltd. May result in termination of my membership, apart from any other legal sanctions that may apply.

Members Signature: Print Name: Date:

Witnessed by: Print Name: Date:

Data Protection Notice - Use of information

This section explains what Member First Credit Union, hereinafter referred to as MFCU, will do with your information so that you can decide whether or not to provide that information to us.

The personal information requested from you is required to enable MFCU to effectively provide or administer a product or service to you. Failure to supply MFCU with sufficient information may result in MFCU not being able to provide or meet your product/ service needs.

The information that you provide may be held by MFCU on a computer database and/or in any other way.

We may use this information:

- To administer the products and services that we supply to you and any future agreements that we may have with you and, to manage and develop MFCU's relationship with you.
- For direct marketing purposes, depending on the preferences 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 ☐ Phone ☐ 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: ☐

Would you like to avail of our online services? Yes ☐ No ☐

If you wish to change your preferences at any time, please contact your local MFCU branch.

- To carry out searches (including verifying your identity and/or a credit search) and disclose information to credit reference agencies for the purpose of assessing applications for credit and credit related services and for ongoing credit review.
- Credit reference agencies will record details of each type of search MFCU makes whether or not your application proceeds. We may use credit scoring techniques and other automated decision making systems to either partially or fully assess your application.
- To provide details of your financial indebtedness owing to MFCU and how you conduct your agreement(s)/account(s), to credit reference agencies on a regular basis.
- To provide your personal details to debt collection agencies and/or third party processors and contractors, who act on behalf of MFCU, if it is necessary for the performance of a contract and/or to protect the legitimate interests of MFCU.
- To prevent and detect fraud or other criminal activity and to trace those responsible. If you give us false or misleading information and we suspect fraud or other criminal activity, we will record this and may report the incident to the relevant regulatory authorities.
- To carry out statistical analysis and market research or to instruct a third party to perform this on our behalf.

We may record telephone conversations to offer you additional security, resolve complaints and improve our service standards. Conversations may also be monitored for staff training purposes.

Under the Data Protection Acts you have the right of access to personal information we hold about you on our records on payment of a nominal fee (currently €6.35). You can exercise this right by writing to your local MFCU branch. If any of your personal information held by us is inaccurate or incorrect, please let us know and we will correct it. There is no fee for such corrections.

If you decide to proceed with this product/service or have any other communication with MFCU through or in relation to its products and services, you consent to the use by MFCU of your personal data as indicated above

APPLICANT 1

Members Signature: _____ Print Name: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

APPLICANT 2

Members Signature: _____ Print Name: _____ Date: _____

Witnessed by: _____ Print Name: _____ Date: _____

THE PERSON RESPONSIBLE FOR:

(a) As a shareholder of the Credit Union one person has the voting right in respect of the joint account.

The authorized person ("**the Voting tenant**") is _____

(b) The operation of the account, and the person(s) entitled to make a withdrawal(s)

thereon ("**the Authorised tenant**") is _____

Only one allowed to withdraw: _____

Both can withdraw individually: ☐

Both must be present to withdraw: ☐

We (and each of us) confirm that the authorised tenant 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 by reference to this account.

Section 3: ANTI-MONEY LAUNDERING COMPLIANCE

1. PERSONAL DETAILS

APPLICANT 1

Nationality: _____ Country of Residence _____

APPLICANT 2

Nationality: _____ Country of Residence _____

2. BENEFICIAL OWNER

I/We acknowledge that all shares/deposits arising from this membership now and here after shall be the sole property of _____ and all withdrawals shall be applied to his/her sole benefit.

APPLICANT 1

Print Name: _____

Signed: _____

APPLICANT 2

Print Name: _____

Signed: _____

3. BUSINESS RELATIONSHIP *[Reason for opening account]*

☐ Shares ☐ Loans ☐ Deposits

4. METHOD OF SAVING TO YOUR ACCOUNT

☐ Payroll EFT ☐ OTC (Over the Counter) ☐ Direct Debit

☐ Other (please specify) _____

5. DOCUMENTS REQUIRED

- Photo ID (e.g. Passport, Driving Licence)
- Proof of address (e.g. Bank Statement/Utility Bill)
- PPSN

Applicant 1

Signature: _____

Witness to Signature: _____ Date: _____

Applicant 2

Signature _____

Section 4: 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 ☐ 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 & 5 UNDER ANTI MONEY LAUNDERING COMPLIANCE HAVE BEEN COMPLETED

☐ Form of Nomination completed

Applicant 1 PPS No/Tax ID _____ Copy attached ☐

Applicant 2 PPS No/Tax ID _____ Copy attached ☐

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

Signature: _____ Date: _____

Signature 1:

Signature 2:

Date:

Entered by: