

Account No.

Membership Application Form

(PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS)

Section 1: 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:

Home Address:

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

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

Employer Name: Position:

Pay Frequency: Weekly ☐ Monthly ☐ Fortnightly ☐

Income: €

Section 2: DECLARATION

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

Signature: Print Name: Date: Witnessed by: Print Name: Date:

Section 3: DATA PROTECTION NOTICE

This section explains what Member First Credit Union Ltd, hereinafter referred to as MFCU, will do with your information including sensitive personal data, 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 and/or administer our products and services to you. 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 hereunder:
- 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 application 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. ***If you wish to change your preferences at any time, please contact your local MFCU branch.***

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: ☐

ONLINE SERVICES:

Would you like to avail of our online services?

Yes ☐

No ☐

Signature: Print Name: Date:

Witnessed by: Print Name: Date:

Account No.

Section 4: ANTI-MONEY LAUNDERING COMPLIANCE

1. PERSONAL DETAILS

Nationality: _____ Country of Residence _____

2. BENEFICIAL OWNER

I declare that as the account holder I am the beneficial owner of the funds held in this account

Yes ☐ No ☐

If you ticked No above, please specify the beneficial owner of the account _____

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. POLITICALLY EXPOSED PERSONS

Are you or a member of your immediate family a Politically Exposed Person Yes ☐ No ☐

Signature:

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 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>

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Section 6: FORM OF NOMINATION

I hereby nominate

| Name | Address | Contact No. | Relationship |
|------|---------|-------------|--------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

To become entitled to such property in the credit union which I may have at a time of my death, whether in savings, insurances or otherwise not exceeding the limit of the amount for the time being authorized by law.

THE PERSON YOU NOMINATE MAY NOT WITNESS YOUR SIGNATURE

Section 7: Deposit Guarantee Scheme

Please tick the box to confirm the following:

I acknowledge receipt of the Depositor Information Sheet

☐

Signature:

Date:

Section 8: FOR CREDIT UNION USE ONLY

| Evidence of Identification: (Copies must be attached) | (Please ✓) | Evidence of Address: (Copies must be attached) | (Please ✓) |
|--|------------|---|------------|
| Current Valid Passport | | Original Recent Household Bill | |
| Birth Certificate | | Original Bank / Building Society Statement | |
| Current Valid ID card (photo) | | Income Tax Form | |
| Current Valid Driving Licence | | Other <i>Please Specify</i> | |
| Other <i>Please Specify</i> | | | |

Application approved and details verified in accordance with Standard Rules by: (Membership Committee)

Signature: Date:

Print Name:

Signature: Date:

Print Name:

MEMBERSHIP OF MEMBER FIRST CREDIT UNION LTD. IS SUBJECT TO APPROVAL BY THE MEMBERSHIP COMMITTEE

Head Office

Artane Roundabout

Malahide Road

Dublin 5

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F 01 831 4604

@info@mfcu.ie

www.mfcu.ie

Member First
CREDIT UNION

Please note: Due to the time needed to process membership, we regret we are unable to join new members within 15 minutes of our closing time.



Member First Credit Union Limited is regulated by the Central Bank of Ireland.

www.mfcu.ie