

Membership Application Form

(PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS)

Section 1: PERSONAL DETAILS

Title: _____

First Name: _____ Surname: _____

Date of Birth: _____

Contact Phone Details: _____

Email: _____

Present Address: _____

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

Accommodation: Home Owner Renting Living with Parents/Relatives Other

Nationality: _____ Country of Residence: _____

Visa ID: _____ Visa Expiry: _____

PPS Number/Tax ID Number: _____

Occupation: _____

Position Held: _____

Employment Type: Permanent Part-Time Self Employed Unemployed Student Retired

Pay Frequency: Weekly Fortnightly Monthly

Income: € _____

Employer Name: _____ Date Commenced Employment: _____

Employer Address: _____

Section 2: ADDITIONAL SERVICES

Please initial the box if you wish to avail of the following:

Annual e-AGM Notification

Annual e-Statements

Account No.

Section 3: COMMUNICATION & MARKETING

From time to time, the Credit Union may wish to inform you of goods, services, products, competitions, promotional offers and Credit Union news which may of interest to you. The use of your details for these purposes will depend on the preferences that you express hereunder.

OPT-IN MARKETING:

I consent to the Credit Union informing me of goods and services that may be of interest to me by:

(please initial applicable box)

Email Text Message Phone Letter

Signature: _____

OPT-OUT MARKETING:

Please **initial the box** if you do NOT want the Credit Union to inform you of goods or services:

Signature: _____

You can update your preferences at any time by contacting us by letter or by email at dpo@mfcu.ie. Please note the Credit Union may still contact you where there is a legal or legitimate interest basis for that contact.

Section 4: DATA PROTECTION & DATA PRIVACY STATEMENT

The details provided in this application form together with any other information that is furnished to us in connection with this application will be retained and processed by Member First Credit Union Ltd. in accordance with our Data Privacy Statement. Please take time to read this document which is available to you at www.mfcu.ie or in any of our branches.

Section 5: ANTI-MONEY LAUNDERING COMPLIANCE

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: _____

BUSINESS RELATIONSHIP [Reason for opening account]

Shares Loans

METHOD OF SAVING TO YOUR ACCOUNT

EFT In Branch Direct Debit

Other (please specify): _____

POLITICALLY EXPOSED PERSONS

Are you or a member of your immediately family a Politically Exposed Person*? Yes No

* A politically exposed person is a person who holds or has held within the previous year a prominent public position (e.g. heads of state, high-ranking government or army officials, government minister, high court judge etc.)

Section 6: TAX RESIDENCY FOR THE PURPOSES OF THE COMMON REPORTING STANDARD**

Are you tax resident in the Republic of Ireland? Yes No

If you are **NOT** a tax resident in the Republic of Ireland 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 Member First Credit Union Ltd.

Signature: _____

* 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 applicable data protection laws. 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>

Section 7: FORM OF NOMINATION

I hereby nominate

Name	Address	Contact Number	Relationship

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

THE PERSON YOU NOMINATE MAY NOT WITNESS YOUR SIGNATURE

Section 8: DEPOSIT GUARANTEE SCHEME

The Depositor Information Sheet provides important information in relation to the Deposit Guarantee Scheme and your related rights. The sheet is provided to you in conjunction with your application for membership.

Please **initial the box** to confirm you have received the Depositor Information Sheet

Account No. **Section 9: EUROPEAN COMMUNITIES (PAYMENT SERVICES) REGULATIONS 2018**

Please **initial the box** to confirm you have received your 'Framework Contract' and associated information for the purpose of the Regulations

Section 10: DECLARATION

I hereby apply for membership of Member First Credit Union and agree to abide by the rules of the credit union. 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 of Member First Credit Union Ltd. may result in termination of my membership, apart from any other legal sanctions that may apply.

Signature: _____ Print Name: _____ Date: _____

Witness: _____ Print Name: _____ Date: _____

Section 8: FOR CREDIT UNION USE ONLY

Evidence of Identification: <i>(Copies must be attached)</i>	Please ✓	Evidence of Address: <i>(Copies must be attached)</i>	Please ✓
Current Valid Passport or Travel Document		Original Recent Household Bill	
EU National Identity Card		Statement from a Credit Institution	
Irish Residence Permit		Correspondence from a State Agency or Public Body	
Birth Certificate		Correspondence from an Insurance Company	
Current Valid Driving Licence		TV Licence	
Other (Please Specify)		Other (Please Specify)	
Evidence of PPSN			
P60, P45, P21			
PAYE Notice of Tax Credits			
Tax Free Allowance Certificate			
Payslip			
Official correspondence from Revenue			
Public Services Card, E111 Card			
Medical Card, Drugs Payments Scheme Card			

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

Signature: _____ Date: _____

Print Name: _____

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

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Dublin 5

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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.

