

Membership Application Form

(PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS)

Account
number

Go Paperless! Save time, energy and the environment.
Join us online through our digital application form.

www.mfcu.ie/join



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 1: Personal Details

Title: _____ First Name: _____ Surname: _____

Date of Birth: ____ / ____ / _____ Contact Phone Number: _____

Email (personal email address only - "info@..." not permitted): _____

MFCU spent €51,836 on paper and €86,109 on postage last year sending Regulatory and Information Notices (not marketing), which we are required to do under various Credit Union Regulations. You can help us to reduce these costs and also help the environment by consenting to receive your Regulatory and Information Notices (not marketing) by email. These cost savings can help us allocate more funds to our community initiatives and help the local and global environment.

Tick to consent. Non Marketing Regulatory and Information Communication: I consent to receive (for regulatory notices and information purposes only) the following documents to my personal email address; Annual General Meeting Notices (AGM), Special or Extraordinary General Meeting Notices (S/EGM), Section 130 Notices- Transfer of Engagements Notices, and any other regulatory/information notices which may occur from time to time. I am aware that I can opt out from this at any stage by emailing dpo@mfcu.ie.

Note: Consenting or opting out will not affect your application for membership.

Accommodation: Home Owner Renting Living with Parents/Relative Other

Present Address: _____

Eircode: _____

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

Nationality: _____ Country of Residence: _____

PPS/Tax ID Number: _____

Irish Residence Permit (IRP) Number: _____ IRP Valid Until: ____ / ____ / _____

(IRP is not required for Irish, EU and Schengen citizens)





Occupation: _____ Position Held: _____

Employment Type: Full-Time Part-Time Self-Employed Unemployed Student Retired Pay Frequency: Weekly Fortnightly Monthly

Employer Name: _____ Date Commenced Employment: ____ / ____ / ____

Employer Address: _____

Section 2: Form of Nomination

I hereby nominate:

Name	Address	Contact Number	Relationship

A nomination can only be made by members who are 16 or older.

The person you nominate may not witness your signature.

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.

Member's Signature: _____

Print Name: _____

Date: ____ / ____ / ____

Witnessed by (CU Officer) : _____ Date: ____ / ____ / ____

Nomination instructions inputted by: _____ Date: ____ / ____ / ____

Section 3: Anti-Money Laundering Compliance

We are required under the various Anti-Money Laundering and Countering the Financing of Terrorism Acts to obtain the following information.

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 PERSON

Are you, or is a member of your immediate family, a Politically Exposed Person (PEP) either in Ireland or abroad?* **Yes** **No**

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

If you are unsure whether you are a PEP or not, please ask a member of staff.

For full details about the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 you can visit

<http://www.irishstatutebook.ie/eli/2010/act/6/enacted/en/html>

Section 4: Tax Residency for the purpose of the Common Reporting Standard**

Are you a 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 Residence.

1. 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 Standards (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 or contact Revenue at aeoi@revenue.ie or see <https://www.oecd.org/tax/automatic-exchange/>.

Section 5: 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.

Initial here:

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

Section 6: 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.

Initial here:

Section 7: Communication & Marketing

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

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

Email SMS Phone Post

Signature: _____

You can update your preferences or opt out at any time by contacting us by letter or by email at dpo@mfcu.ie.

Please note that the credit union may still contact you where there is a legal or legitimate interest basis for that contact.

Section 8: 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 sanctions that may apply.

Signature: _____ Print Name: _____ Date: ___ / ___ / _____

Membership of Member First Credit Union Ltd. is subject to approval by the Membership Committee.

FOR CREDIT UNION USE ONLY:

Witness: _____ Print Name: _____ Date: ___ / ___ / _____

Evidence of Identification (copies must be attached)	Please <input checked="" type="checkbox"/>	Evidence of Address (copies must be attached)	Please <input checked="" type="checkbox"/>
Current Valid Passport		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 + another document		Correspondence from an Insurance Company	
Current Valid Driving Licence		Other, please specify:	
Other, please specify:			
Evidence of PPSN	Please <input checked="" type="checkbox"/>	Other	Please <input checked="" type="checkbox"/>
P60, P45, P21		Photograph taken	
PAYE Notice of Tax Credits			
Tax Free Allowance Certificate			
Payslip			
Official Correspondence from Revenue			
E111 Card			
Medical Card, Drugs Payments Scheme Card			

We cannot accept Public Service Cards

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

Signature: _____ Print Name: _____ Date: ___ / ___ / _____



(01) 851 3400



www.mfcu.ie



info@mfcu.ie