

# Joint Account Membership Application Form

(PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS)

## Section 1: PERSONAL DETAILS

### FIRST APPLICANT

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: \_\_\_\_\_  
\_\_\_\_\_

Home Owner  Renting  Living with Parents/Relatives

Other  (Please specify): \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Visa ID: \_\_\_\_\_

Visa Expiry: \_\_\_\_\_

PPS Number/Tax ID Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employment Type: Permanent  Self-Employed

Part-Time  Unemployed  Other

Pay frequency: Weekly  Fortnightly  Monthly

Income: € \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Date Commenced Employment: \_\_\_\_\_

### SECOND APPLICANT

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: \_\_\_\_\_  
\_\_\_\_\_

Home Owner  Renting  Living with Parents/Relatives

Other  (Please specify): \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Visa ID: \_\_\_\_\_

Visa Expiry: \_\_\_\_\_

PPS Number/Tax ID Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employment Type: Permanent  Self-Employed

Part-Time  Unemployed  Other

Pay frequency: Weekly  Fortnightly  Monthly

Income: € \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Date Commenced Employment: \_\_\_\_\_

## Section 2: AUTHORISATION TO WITHDRAW

- Only one individual is allowed to withdraw:  Name of individual allowed to withdraw: \_\_\_\_\_
- Both individuals are allowed to withdraw:
- Both individuals must be present for all withdrawals:

Account No.

       

### Section 3: ADDITIONAL SERVICES

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

Annual e-AGM Notification

First Applicant

Second Applicant

Annual e-Statements

### Section 4: 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.

#### Applicant 1

##### 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: \_\_\_\_\_

#### Applicant 1

##### Opt-Out Marketing

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

Signature: \_\_\_\_\_

#### Applicant 2

##### 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: \_\_\_\_\_

#### Applicant 2

##### 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](mailto: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 5: 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](http://www.mfcu.ie) or in any of our branches.

### Section 6: ANTI-MONEY LAUNDERING COMPLIANCE

#### BENEFICIAL OWNER:

We declare that as the account holder we are the beneficial owners 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

##### Applicant 1

Are you or a member of your immediate family

a Politically Exposed Person\* Yes  No

##### Applicant 2

Are you or a member of your immediate 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.)

Account No.

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### Section 7: TAX RESIDENCY FOR THE PURPOSES OF THE COMMON REPORTING STANDARD\*\*

#### Applicant 1

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: \_\_\_\_\_

#### Applicant 2

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](mailto:aeoi@revenue.ie) or see <http://www.oecd.org/tax/transparency/automaticexchangeofinformation/htm>

### 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

Applicant 1

Applicant 2

### 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:

Applicant 1

Applicant 2

Account No. 

## Section 10: DECLARATION

We 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.

### Applicant 1

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant 2

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 11: FOR CREDIT UNION USE ONLY

<b>Evidence of Identification:</b> (Copies must be attached)	Applicant 1 Please ✓	Applicant 2 Please ✓	<b>Evidence of Address:</b> (Copies must be attached)	Applicant 1 Please ✓	Applicant 2 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)		
<b>Evidence of PPSN</b>					
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**

### Head Office

Artane Roundabout

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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.

