

Juvenile Membership Application Form

Juveniles aged 7 years and over must be present at account opening stage

Section 1: PERSONAL DETAILS

Title: _____

First Name: _____ Surname: _____

Date of Birth: _____

PPS Number/Tax ID Number: _____

Contact Phone Details: _____

Email: _____

Present Address: _____

Nationality: _____ Country of Residence: _____

Visa ID: _____ Visa Expiry: _____

Section 2: 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.

Juvenile Signature: _____ Print Name: _____ Date: _____

Parent/Guardian Signature 1: _____ Print Name: _____ Date: _____

Parent/Guardian Signature 2: _____ Print Name: _____ Date: _____

Witness: _____ Print Name: _____ Date: _____

Note: Withdrawals on accounts for member over the age of 7 are only permitted once the juvenile member is present with either of the authorised signatories on the account (parent/guardian). Both the juvenile member and either of the authorised signatories to the account must sign for withdrawals.

Section 3: 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 4: ANTI-MONEY LAUNDERING COMPLIANCE

BENEFICIAL OWNER

In the event that this application for membership is in respect of a person who is unable to give receipts, I/we acknowledge that all shares arising from this membership now and hereafter shall be the sole property of _____ and all withdrawals shall be applied to his or her sole benefit.

Parent/Guardian Signature 1: _____ Print Name: _____ Date: _____

Parent/Guardian Signature 2: _____ Print Name: _____ Date: _____

BUSINESS RELATIONSHIP [Reason for opening account]

Shares

METHOD OF SAVING TO YOUR ACCOUNT

EFT In Branch Direct Debit Other (please specify): _____

POLITICALLY EXPOSED PERSONS

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.)

Section 5: 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>

Account No.

Section 6: 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

Section 7: 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 8: FOR CREDIT UNION USE ONLY

| Evidence of Identification: <i>(Copies must be attached)</i> | Parent Please ✓ | Juvenile Please ✓ | Evidence of Address: <i>(Copies must be attached)</i> | Parent Please ✓ | Juvenile 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**

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.

Head Office

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Dublin 5

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 **Member First**
CREDIT UNION

