



Membership Application Form

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Membership No.

Section 1: Contact Details

First Name(s): Surname:

Date of Birth: Nationality: Marital Status:

Address:

Length of time at present address:

Owner Private Tenant Mortgage With Parent Local Authority Other

If living at this address less than 3 years, please state previous address:

PPS/Tax ID No. Email

Contact Details: Mobile: Home: Work:

Please state the names of any other Credit Union of which you are, or have been, a member:

Section 2: Employment Details

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

Employer Name:

Work Address:

Occupation: Length of time in current Employment:

Membership No.

Section 3: Form of Nomination

I, (Print Name)

Of (Print Address)

being a member of Capital Credit Union Limited, hereby revoke all previous nominations and nominate the following person or persons:

Name	Address	Relationship	%

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

Note: Under section 21(4) of the Credit Union Act 1997, a nomination shall not be revocable or variable by the will of the nominator or by any codicil of his/her will. Under section 21(6) of the Credit Union Act 1997, the marriage of a member of a credit union shall operate as a revocation of any nomination made by him/her before his/her marriage.'

The proceeds of Death Benefit Insurance (if any) may be applied by the credit union towards my vouched funeral / bereavement expenses and if not so applied, shall be paid to the person(s) referenced above.

I acknowledge receipt of the Nomination Information Sheet

Applicant Signature:

Date:

Witness (Signature):

Witness (Print Name):

Address:

Occupation:

WITNESS SHALL NOT BE THE NOMINEE

Section 4: Legal Consents & Declarations

Receipt of obligatory notices by email

There are certain notices that credit unions are obliged to provide from time to time. Please provide your email address if you would like to receive these obligatory, non-marketing communications by email (for example notice of the Annual General Meeting). This will assist the Credit Union in reducing its carbon foot print and will reduce costs.

Email Address:

Please note that we maintain the right to contact members by such means as best available to us in relation to a non-performing loan or outstanding debt to the credit union, including by text or email.

Your Marketing Preferences

As part of improving our service to you, from time to time, we would like to inform you of products, services, competitions and/or promotional offers available from us. We may wish to use different means when sending such marketing communications. Please indicate by which methods, if any, you consent to being contacted by ticking each method of communication below:

Post Email Text Landline call Mobile call

Applicant Signature:

Date:

You have the right to notify us free of charge at any time of your right to refuse such marketing by writing to DPO, Capital Credit Union, Main Street, Dundrum, Dublin 14, D14 PD79 or by using the "opt-out" options in any marketing message we send you.

Please contact us directly if you wish to change or withdraw your consent.

Data Privacy Notice

I acknowledge receipt of the Summary Data Privacy Notice

I wish to have the Full Version of the Data Privacy Notice emailed to me at the email address I have supplied

Membership No.

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:

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:

Applicant Signature: 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:

Applicant Signature: 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 and 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>

Section 6: Deposit Guarantee Scheme

Please confirm the following:

I acknowledge receipt of the Depositor Information Sheet

Section 7: Regulation 76 (PSD2)

Please confirm the following:

I acknowledge receipt of the Regulation 76 Information Sheet

Section 8: Anti-Money Laundering Compliance

Reason for opening account: Shares Loans Deposits Other (please specify)

Source of funds: Wages Welfare Pension Other (please specify)

Please tick (✓) the relevant box to answer the following questions:

1. Are you the beneficial owner of the funds in your shares/deposit account? Yes No
If the answer is 'No', please explain why here:

2. Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010? Yes No If the answer is 'Yes', please explain why here:

3. I will promptly notify the Credit Union of any changes in the information which I have provided and confirm that I will inform the Credit Union in writing of the details of such changes and any other relevant/material information of which I may become aware at any time after the date of this Declaration.

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Additional Information

Please tick your preference in the relevant boxes below:

Please include me in the Car Draw - additional form

Yes No

Please include me in the *Death Benefit Insurance (DBI) Scheme - additional form

Yes No

I wish to avail of Online Access

Yes No

I wish to receive an Annual e-AGM Notification

Yes No

*Subject to change. The Death Benefit Insurance Scheme cost is voted upon at the AGM annually.

Declaration

I agree to abide by the rules of Capital Credit Union Limited and declare that the information given by me on this form is true and correct to the best of my knowledge and belief and that I am not, nor have been, a member of any credit union other than those listed above.

Applicant Signature:

Date:

Witness Signature:

Date:

MEMBERSHIP OF CAPITAL CREDIT UNION LTD IS SUBJECT TO APPROVAL BY THE MEMBERSHIP COMMITTEE

OFFICE USE ONLY

CJA Compliance

Proof of Identity:

Valid passport Driving Licence Other

Proof of Address:

Utility Bill Bank Statement Other

Proof of PPSN:

Requested: Yes No Received: Yes No PEP: Yes No

Proof of working in Common Bond:

Payslip Letter Other

Marketing Opt out:

Yes No

Signed:

Date:

Checked By:

Marketing Committee



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Capital **Credit Union**

We  lending