



Junior Membership Application Form

(01) 299 0400 info@capitalcu.ie www.capitalcu.ie



Membership No.

Section 1: Details of Minor

First Name(s): Surname:

Date of Birth: Nationality: Birth Country:

Address:

Eircode: Length of time at present address:

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

PPSN:

Are you a US Citizen? Yes No

Section 2: Details of Parent/Guardian 1

First Name(s): Surname:

Date of Birth: Nationality:

Address:

Eircode: Capital CU A/C No (if applicable):

Email:

Contact Details: Mobile: Home:

Section 2: Details of Parent/Guardian 2

First Name(s): Surname:

Date of Birth: Nationality:

Address:

Eircode: Capital CU A/C No (if applicable):

Email:

Contact Details: Mobile: Home:

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Section 3: Tax Residency for the purposes of the Common Reporting Standard

Please complete the option which is relevant to you.

Option 1: 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:

Option 2: 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 2018 (as amended). 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 4: Deposit Guarantee Scheme & Regulation 76 (PSD2)

Please confirm the following: I acknowledge receipt of the Depositor Information Sheet

Please confirm the following: I acknowledge receipt of the Regulation 76 Information Sheet

Section 5: Anti-Money Laundering Compliance

Purpose of Account:

Shares Loans Deposits Other (please specify)

Source of Funding for this Account:

Wages Welfare Pension Other (please specify)

Expected Monthly Lodgement:

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

1. Are you the beneficial owner of the funds in this account? Yes No

If the answer is 'No', please explain why here:

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2. Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010-2021? Yes No If the answer is 'Yes', please explain why here:

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.

Section 6 - Account Mandate

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

I hereby apply for membership of and 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.

All property in the account is the sole property of the minor named above in whose name the account is held, and all withdrawals shall be applied to his/her sole benefit.

Minor Account Withdrawals

Until the child reaches the age of seven, withdrawals can only be made by either the Parent(s)/Guardian(s) named on this form. For withdrawals after the child has reached the age of seven, please indicate who can make withdrawals from the account:

Child Parent(s)/Guardian(s) as named above

Either parent named above may make withdrawals without the others consent. Where both boxes are ticked, either the child or parent may withdraw.

Upon the minor reaching the age of sixteen, s/he is entitled to make withdrawals from their own account and the Parent(s)/Guardian(s) will no longer be entitled to withdraw money on behalf of the minor.

Signature of Child: Date:

Parent/Guardian 1 Signature: Date:

Parent/Guardian 2 Signature: Date:

OFFICE USE ONLY

CJA Compliance

Proof of Identity: Passport Driving Licence Other

Proof of Address: Utility Bill Bank Statement Other

Proof of PPSN: Requested: Yes No Received: Yes No PEP: Yes No

Signed: Date:

Print Name:

Checked By:

Print Name:

Membership Committee

