



# Adult Membership Application Form

(01) 299 0400 [info@capitalcu.ie](mailto:info@capitalcu.ie) [www.capitalcu.ie](http://www.capitalcu.ie)



Membership No.

## Section 1: Personal Details

First Name(s):  Surname:

Date of Birth:  Marital Status:

Nationality:  Birth Country:

Address:

Eircode:  Length of time at present address:

Accommodation Type:

Owner  Mortgage  Tenant  With Family  Local Authority  Other

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

PPSN:

Are you a US Citizen? Yes  No

Email:

Contact Details: Mobile:  Home:

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

## Section 2: Employment Details

Employment Status: Permanent  Part-Time  Self Employed  Not Currently Employed  Student  Retired

Occupation:  Industry/Sector:

Employer Name:

Work Address:

Length of time in current Employment:

Membership No.

## Section 4: Legal Consents & Declarations

### Receipt of obligatory notices by email

There are certain notices that credit unions are obliged to provide its members from time to time (for example notice of the Annual General Meeting, Special General Meeting, Section 130 Notice). Receiving these documents electronically will assist the Credit Union in reducing its carbon footprint and will reduce costs.

If you would like to receive these obligatory, non-marketing communications by e-mail, please indicate this preference below:

Yes  No

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:

Phone  Post  Email  SMS

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

For information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our Data Protection Notice online. A summary of this Data Privacy Notice is available upon request. It may change from time to time.

Membership No.

## Section 5: 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](mailto:aeoi@revenue.ie) or see <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

## Section 6: 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 7: 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:

Membership No.

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:

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.

### 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: 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   
(if applicable):

Marketing Consent Reviewed? Yes  No

Signed:  Date:

Print Name:

Checked By:  Date:

Print Name:

Membership Committee



## FORM OF NOMINATION

**ACCOUNT NUMBER:** \_\_\_\_\_

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:

*(Please note: if you have nominated someone in the past, leaving this section blank will overrule any previous Nominations and result in you having no nomination).*

NAME	ADDRESS	RELATIONSHIP	% of Property

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.

*\* Section 21 (3) of the Credit Union Act 1997 (as amended) currently provides that the credit union may release up to a statutory maximum of €27,000 under a Nomination. If you have more than €27,000 in your account, a Grant of Probate or Letters of Administration will be required before the remaining balance of funds can be released.*

**Important Notes:**

Under section 21(4) of the Credit Union Act 1997 (as amended), 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), the marriage of the nominator shall operate as a revocation of any nomination made by him/her before his/her marriage. You may wish to consider completing a new nomination at that time.

<b>Member Signature:</b> .....	<b>Date:</b> ..... / ..... / 20.....
<b>Witness 1:</b> ..... (Signature)	<b>Witness 2:</b> ..... (Signature)
<b>Witness 1:</b> ..... (Print)	<b>Witness 2:</b> ..... (Print)
<b>Address 1:</b> .....	<b>Address 2:</b> .....
.....	.....
<b>Occupation 1:</b> .....	<b>Occupation 2:</b> .....

A WITNESS SHALL NOT BE THE NOMINEE.