

MEMBERSHIP APPLICATION FORM

(Please complete all sections)



CLADDAGH CREDIT UNION

Your Loyal Financial Partner

(Office use) MEMBERSHIP NUMBER:

PERSONAL DETAILS:

First Name(s): _____ Surname: _____

Date of Birth: _____ Mobile number: _____

Eircode: _____ Personal Email: _____

Name of Employer: _____ Occupation: _____

Common Bond: Living Working Other: _____

Current Address: _____

COMMUNICATION & MARKETING

If you "DO NOT" want to receive any marketing content please leave the box below empty.

If you would like to be made aware of goods, services, products, competitions, promotional offers & Credit Union news then please select your preferred method/s of contact in the "marketing preferences" box below

MARKETING PREFERENCES:

I consent to the Credit Union informing me of goods and services that may be of interest to me by: (please initial applicable boxes)

Email Text Phone Post Signature: _____

You can update your preferences at any time by contacting us by letter or by email optout@claddaghcu.ie or at www.claddaghcu.ie. Please note the Credit Union may still contact you where there is a legal or legitimate interest basis for contact.

ONLINE BANKING:

I wish to have funds transfers on my online account. Signature: _____ Date: _____

Please Note: You must register online at www.claddaghcu.ie to avail of this service.

E-STATEMENTS:

I wish to receive e-statements for my account. Signature: _____ Date: _____

Please Note: You must register for online access at www.claddaghcu.ie to avail of this service.

E-AGM NOTICE:

It is mandatory for us to send all members a notice of the Credit Union's Annual General Meeting (AGM) & Annual Report every year. I wish to receive these electronically via email.

Signature: _____ Date: _____

TAX RESIDENCY FOR THE PURPOSES OF THE COMMON REPORTING STANDARD & FATCA

If you are a tax resident in another Country, please provide you Tax Identification Number ("TIN") and Country of 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 the Credit Union:

Name: _____ 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:

Name: _____ Date: _____

*Mandatory Field

***This information is being sought for the purposes of reporting obligations under the Common Reporting Standard (CRS) & the Foreign Account Tax Compliance Act (FATCA), as provided for the Section 891F of the Taxes Consolidation Act, 1997. The information required to be reported under the CRS & FATCA, 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 & 2003. Only data that is legally required to be reported will be provided to the Revenue Commissioners. For more information on this, contact Revenue at www.revenue.ie*

FORM OF NOMINATION

I hereby nominate:

Name	Address	% of Funds	Contact No.	Relationship

To become entitled to such property in the Credit Union which I may have at a time of my death, whether in savings or otherwise, not exceeding the limit of the amount for the time being authorised by law, currently €27,000.

*Please refer to the account opening pack for further details regarding the nomination form.

OR

I do not wish to nominate any person to my Credit Union Property and I am aware that this account will be processed through my estate

IMPORTANT FORMS:

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 Claddagh Credit Union Ltd., in accordance with our Data Privacy Statement. Please take time to read this document which is available to you at www.claddaghcu.ie or in any of our branches.

Please **initial the box** to confirm that you have received all of the below:

1. Data Privacy Statement
2. Framework Contract & associated information for the purpose of regulations
3. Depositor Information Sheet
4. Nomination Information Sheet

Initials:

OTHER MEMBER NOTIFICATIONS:

We are required by law to send information to members collectively. Help us protect the environment and reduce costs – Please confirm (initial the box) if you are happy to receive the following information by email:

Legal Notices including:

1. Notice of a Special General Meeting (SGM)
2. Statements for members pursuant to Section 130 of the Credit Union Act 1997 (as amended)
 - this information relating to any proposed amalgamations or transfer of engagements.

Initials:

ANTI MONEY LAUNDERING COMPLIANCE

Expected nature of account (how you intend to use your account):

Regular Savings: Regular Savings & Withdrawals: Sporadic Savings: Other (please specify):

Expected turnover per annum on account (how much money will go through the account in a year)

Less than €2,000 €2,000 - €10,000 €10,000 - €20,000 More than €20,000

Nationality: Country of Origin:

Source of funding for account (tick all that apply):

Salary / Self Employed Income Savings From Other Financial Institutions Rental / Investment Income
 Social Welfare Other (please specify): _____

Beneficial Owner:

I declare as the account holder that I am the beneficial owner of the funds held in this account: INITIAL YES NO

If NO ticked above, please specify the beneficial owner: _____

Politically Exposed Persons (PEP):

Are you or a member of your immediate family or close associate a Politically Exposed Person*: INITIAL YES NO

If YES, please identify your primary source of wealth: _____

*A "PEP" is a person who holds or has held within the previous 12 months a prominent public function (e.g. Government Minister, High Court Judge, High-Ranking Army Official, member of Parliament or a member of the administrative, management or supervisory body of a state owned enterprise) or a member of the PEP's immediate family (e.g. Spouse/civil partner, parent, child, daughter/son-in-law, civil partner of a child) or a close associate (e.g. business partner or close business relationship). A "PEP" could include a Non-Republic of Ireland resident.

DECLARATION: 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 with the Credit Union may result in termination of my membership, apart from any other legal sanctions that may apply.

Signature: _____ Print Name: _____ Date: _____

Witness: _____ Print Name: _____ Date: _____

Witness: _____ Print Name: _____ Date: _____

CREDIT UNION USE ONLY:

Checklist completed and attached

Application approved and details verified in accordance with the standard rules by:

Membership Officer Signature: _____ Date: _____

Head Office: 8/9 Mainguard St., Galway City Centre
Phone: 091 537200 Email: info@claddaghcu.ie
www.claddaghcu.ie



Claddagh Credit Union is regulated by the Central Bank of Ireland.

 **CLADDAGH
CREDIT UNION**
Your Loyal Financial Partner