



# APPLICATION FOR MEMBERSHIP

NEW ACCOUNT NUMBER: \_\_\_\_\_

## APPLICANT

TITLE: \_\_\_\_\_ NAME: \_\_\_\_\_

PREVIOUSLY KNOWN BY ANY OTHER NAMES ? \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

AREA: \_\_\_\_\_

\_\_\_\_\_

OCCUPATION: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

If **RETIRED** or **NOT WORKING**,

PHONE NO. : \_\_\_\_\_

is this due to **ILL HEALTH** ?

MOBILE NO.: \_\_\_\_\_

YES  NO

EMAIL: \_\_\_\_\_

If YES, applicant is **NOT** eligible for

DBI

**STATE THE NAMES OF ANY OTHER CREDIT UNION OF WHICH YOU ARE, OR HAVE BEEN, A MEMBER**

## DEATH BENEFIT INSURANCE

I confirm that I am fit to follow my normal occupation or duties YES  NO

I wish to join the Death Benefit Insurance Scheme YES  NO

Not Eligible for DBI

I confirm that the account is for my own personal use and benefit YES  NO

If you ticked NO above, please specify the beneficial owner of the account \_\_\_\_\_

What is the purpose of you opening an account with Kilkeel Credit Union? Please select one of the following options:

Savings  Loans  Combination of both

Are you a Politically Exposed Person (\*PEP)<sup>1</sup> or directly associated with one? YES  NO

If YES please provide us with some more information : \_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup>Politically Exposed Person (PEP) is defined under Regulation 35(14) of the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 as an individual who is entrusted with a prominent public function, other than as a middle ranking or more junior official e.g. Heads of State or of government, ministers (including deputy or assistants), members of parliament or devolved legislative bodies including the Northern Ireland Assembly, senior government, judicial or military officials, senior executives of state owned corporation or international organisations and members of the governing bodies of political parties. Please also declare if you are a family member (spouse or civil partner of the children of the PEP and the spouses or civil partners of the PEP's children; parents of the PEP); or close associate of a PEP. If you are uncertain as to your status please discuss with the credit union. This information is requested for the purpose of compliance with the credit union's obligations under anti-money laundering and terrorist financing legislation.

I hereby apply for membership of and agree to abide by the rules of Kilkeel 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 not, been a member of any credit union other than those as stated.

It is important that you read and understand our Privacy Notice with this application form.

I authorise you:

to open the account in my name; and

to process the information I have provided you with for the purposes of maintaining my account with us.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Account Opening Privacy Notice

Please take time to read the account opening privacy notice of the credit union which outlines how and why we process your personal data. A copy is available for you to take away and you can access the privacy notice at any time on [www.kilkeelcreditunion.com](http://www.kilkeelcreditunion.com)



### 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 footprint and will also 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.**

### Financial Services Compensation Scheme Information Sheet and Exclusions List Declaration

Please tick the box below to confirm the following:

**I acknowledge receipt of the Information Sheet and Exclusion List**



## **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:

|                                  |  |
|----------------------------------|--|
| <b>1. TIN*</b>                   |  |
| <b>Country of Tax Residence*</b> |  |
| <b>2. TIN*</b>                   |  |
| <b>Country of Tax Residence*</b> |  |

**\* Mandatory Field**

I confirm that the information provided is true 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: .....

**\*\* This information is being sought for the purposes of reporting obligations under the Common Reporting Standard (CRS), as provided for by the International Tax Compliance Regulations 2015. 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 HMRC 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 Act 2018. Only data that is legally required to be reported will be provided to the HMRC. For more information on this, please speak to your credit union or see**

<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>



**For Office use only**

|  |                |
|--|----------------|
| Consolidated list checked  | Yes / No       |
| Resides within Common Bond Area  | Yes / No       |
| Certified copy of photo ID obtained  | Yes / No       |
| Certified copy of address verification obtained  | Yes / No       |
| If transfer from juvenile or aged under 17, certified copy of birth certificate obtained     | Yes / No / N/A |
| If no photo ID or address verification, has message been put on account                      | Yes / No / N/A |
| If no photo ID or address verification, has info been entered onto spreadsheet for follow up | Yes / No / N/A |
| Opt out of DBI - has this been recorded on system and form completed                         | Yes / No / N/A |
| CRS form completed   | Yes / No       |
| TIN obtained   | Yes / No / N/A |
| If CRS or TIN outstanding, has member info been put on spreadsheet for follow up             | Yes / No / N/A |
| If member is non UK tax resident has this been recorded on system                            | Yes / No / N/A |
| Has all contact info been recorded on system   | Yes / No       |
| Source of Funds form completed   | Yes / No / N/A |

|                                       |
|---------------------------------------|
| <b>SIGNED</b> _____ <b>DATE</b> _____ |
|---------------------------------------|

|  |
|--|
| Application approved and details verified in accordance with all relevant legislation, regulations and policies: |
| <b>SIGNED</b> _____ <b>DATE</b> _____<br>Membership Officer  |

