



APPLICATION TO OPEN ACCOUNT FOR A PERSON TOO YOUNG TO BE A MEMBER

NEW ACCOUNT NUMBER: _____

UNDER AGE APPLICANT	PARENT / GUARDIAN
NAME: _____	NAME: _____
ADDRESS: _____ _____ _____	ADDRESS: _____ _____ _____
POSTCODE: _____	POSTCODE: _____
DATE OF BIRTH: ____ / ____ / ____	DATE OF BIRTH: ____ / ____ / ____
	TELEPHONE NO. _____

For and on behalf of the first-name person I, _____ the Parent/
Guardian of the said _____ hereby apply to open an account in the
name of the said _____ and I agree to abide by the rules of Kilkeel
Credit Union Limited regarding such account and declare that the information given by me on this form is
true and correct to the best of my knowledge and belief.

Signed : _____ Parent / Guardian

Date: _____

To be completed by Under Age Applicants who are 7 years or older when opening account

I (Minor) _____, aged _____ years hereby confirm the above
Application and I wish to open an account in Kilkeel Credit Union Limited. 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.

TO BE COMPLETED BY ALL PARENTS / GUARDIANS

I understand that when the underage applicant turns 16 years old, this account will be transferred to full adult
membership and any balance will be transferred to this account. This new account will be fully owned and controlled
by the named account holder.

Signed : _____ Parent / Guardian **Date:** _____

Approved: _____ **Date:** _____

N.B. Section 3 Rule 18 of Standard Rules for Credit Unions reads

TERMINATION OF DEPOSIT

18. Two months before a minor depositor attains the age of 16 the credit union shall serve upon him and his signing parent or guardian a notice requiring the minor on attaining that age either to withdraw the balance of the account or to join the credit union so that the balance can be transferred to shareholding in his name in the credit union. If the Minor depositor takes no action he shall be deemed to have applied for membership of the credit union and after deduction of the normal fee on joining, the balance shall be transferred to shareholding in his name.

The transferring minor will not be permitted to transact as a member until he has complied in full with Rule 6(3) and Rule 7.

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:

1. TIN*	
Country of Tax Residence*	
2. TIN*	
Country of Tax Residence*	

*** 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>



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:	
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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:

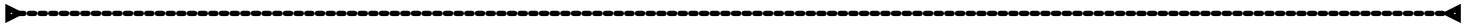
I acknowledge receipt of the Information Sheet and Exclusion List



THIS SECTION IS TO BE COMPLETED BY THE CREDIT UNION

Consolidated list checked	Y / N
Resides within Common Bond area	Y / N
Certified copy of Birth Certificate/Photo ID obtained	Y / N
Certified copy of Parent/Guardian Photo ID obtained	Y / N
Certified copy of Parent/Guardian Address Verification obtained	Y / N
CRS form completed	Y / N
TIN obtained	Y, N or N/A
If CRS or TIN outstanding, has member info been put on spreadsheet for follow up	Y, N or N/A
If account holder is non UK tax resident, has this been recorded on system	Y, N or N/A
Has all contact info been recorded on system	Y / N
Source of Funds Form completed	Y, N or N/A

SIGNED _____ **DATE** _____



Application approved and details verified in accordance with all relevant legislation, regulations and policies:

SIGNED _____ **DATE** _____
 Membership Officer

