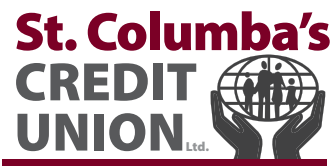


Membership Application Form



Membership No. _____

MEMBER DETAILS

Name	_____		Date of Birth	Day / Month / Year
Address	_____			
	Previous address if less than 5 years at the above address:			

Telephone	_____	Mobile	08 _____	
Email	_____			
Employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If employed:	Occupation _____
Employer	_____	Position	_____	
No. of Dependents	_____			

Declaration:

- I hereby apply for membership of and agree to abide by the rules of St. Columba's Credit Union Ltd., and declare that I am not or have not been a member of any Credit Union other than those listed as follows:

- I accept and understand that the balance in the above numbered account in my name will be refunded to me by St. Columba's Credit Union Ltd. in the event that my membership application is declined.
- 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 my application for or my membership with the Credit Union may result in termination of my membership, apart from any other legal sanctions that may apply.

Applicant	Signature	Witness	Signature
Print Name	_____	Print Name	_____
Date	Day / Month / Year	Date	Day / Month / Year

In the event that the application for membership is in respect of a person who is unable to operate the account on their own behalf:

I/We apply for membership in the name of the said.....
 and I/we acknowledge that all shares/deposits arising from this membership now and hereafter shall be his/her sole property and all withdrawals shall be applied to his/her sole benefit. In the event of the account being opened by more than one person, it is required that: Both parties / either party* be present to make withdrawals.
 In the event of the account being opened by a person other than a parent/guardian of the member, [insert name of parent or guardian]
 as a parent/guardian* shall be nominated to give any necessary receipts should the member be unable to do so.

Signature	Signature	Parent(s) / Guardian(s) / Other*	Date	Day / Month / Year
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**Walter Macken Road,
 Mervue, Galway**
 Tel: 091 755 825
 Fax: 091 770 964

**24 Eyre Square,
 Galway**
 Tel: 091 563 531
 Fax: 091 565 120

**6 Castle Road,
 Oranmore, Galway**
 Tel: 091 794 477
 Fax: 091 794 501

**Galway Shopping Centre,
 Headford Road, Galway**
 Tel: 091 705 315
 Fax: 091 770 964

TAX RESIDENCY FOR THE PURPOSE 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:

TIN	<input type="text"/>
Country of Tax Residence	<input type="text"/>
Full Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

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	<input type="text" value="Signature"/>	Date	<input type="text" value="Day / Month / Year"/>
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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	<input type="text" value="Signature"/>	Date	<input type="text" value="Day / Month / Year"/>
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This information is being sought for the purpose 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 & 2003.

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>

ANTI-MONEY LAUNDERING COMPLIANCE

Account Owner

I declare that the individual named below is the beneficial owner of the funds held in this account. I acknowledge that all shares arising from this membership now and hereafter shall be my sole property and all withdrawals shall be applied for my sole benefit.

Print Name	<input type="text" value="Print Name"/>	Date	<input type="text" value="Day / Month / Year"/>
Applicant	<input type="text" value="Signature"/>		

Account Purpose

Savings	<input type="checkbox"/>	Loans	<input type="checkbox"/>	Payment Account Facility	<input type="checkbox"/>
Insurance Services	<input type="checkbox"/>	Foreign Exchange	<input type="checkbox"/>		
Other: Please Specify	<input type="text"/>				

Politically Exposed Person (PEPs)

Do you or any of your family members or close associates hold or have held in the previous months a prominent public function in any country? Yes No

Please Sign Here

Applicant	<input type="text" value="Signature"/>	Witness	<input type="text" value="Signature"/>
Print Name	<input type="text"/>	Print Name	<input type="text"/>
Date	<input type="text" value="Day / Month / Year"/>	Date	<input type="text" value="Day / Month / Year"/>

CONSENT TO USE AND DISCLOSURE/DATA PROTECTION ACTS, 1988 AND 2003 AND SECTION 71 OF THE CREDIT UNION ACT, 1997

I understand that the credit union will collect and process personal data (as defined in the Data Protection Acts, 1988 and 2003, as amended, extended or replaced from time to time (the "DPA")) relating to me in connection with assessing my application. Such personal data will include my name, contact details, all information provided by me in the application form, any other information relating to me which is held by the credit union and information relating to me which may be obtained from third parties including, in particular, other credit unions and the Irish Credit Bureau (see below for further details). I note that this personal data may include sensitive personal data, such as data about my health, within the meaning of the DPA, the processing of which requires my explicit consent. The credit union and any agent or service provider acting on behalf of the credit union may use this personal data for assessing and dealing with my application and may disclose it to other credit unions, to the Irish Credit Bureau or to any third party where obliged to do so under applicable law. I also understand that under Section 71 of the Credit Union Act, 1997, the credit union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction with the credit union.

Correspondence

For convenience, it may be necessary for the credit union to contact members via email or text message. The credit union maintains the right to contact members by such means as best available to it in relation to a non-performing loan or outstanding debt to the credit union.

Email Address

Mobile Number

08

Giving your consent

For the purpose of assessing my application I consent:

- (i) to you seeking information concerning applications for loans and my credit history from the date of my original consent from any other credit union and for that purpose the credit union may disclose any relevant information in this loan application to any such other credit union;
- (ii) to any other credit union disclosing information to this credit union concerning applications for loans and my credit history from the date of my original consent with any such other credit union;
- (iii) to the disclosure of any information in my application or in respect of any account or transaction with the credit union from the date of my original consent to authorised officers or employees of the Irish League of Credit Unions for the purpose of fulfilling requirements under the Savings Protection Scheme if such a scheme is operated on behalf of the credit union by the Irish League of Credit Unions; and
- (iv) to the disclosure of any information in my application or in respect of any account or transaction with the credit union to authorised officers or employees of ECCU Assurance Company Limited for the purpose of provision of insurance cover, which may apply, subject to the terms and conditions of cover provided by ECCU Assurance Company Limited to the credit union as policyholder; and
- (v) to the processing of any information relating to me, either contained in this form or any other form or application, for the purpose of assessing this application and administering any accounts I maintain with the credit union.

Marketing

From time to time, the credit union would like to inform the Member(s) of goods, services, competitions and or/ promotional offers available from the credit union and carefully selected third parties which may be of interest. **We do not give your details directly to the 3rd party.**

The use of your details for marketing purposes will depend on the preferences expressed below:

Opt-In (Marketing by email, text message and fax)

I consent to the credit union, informing me by email, text message or fax of goods or services, competitions and promotional offers that may be of interest to me that are available from the credit union and carefully selected third parties.

Opt- Out (other forms of marketing)

Please tick the box opposite if you do not want the credit union to inform you by phone or letter of goods, services, competitions and promotional offers that may be of interest to you that are available from the credit union and carefully selected third parties.

You may change the above preferences at any time. This can be done free of charge by writing to St. Columba's Credit Union, Walter Macken Road, Mervue, Galway ; or by using the 'opt-out' options in any marketing message that we send you.

Please note that you have the right to access personal data held about you by the credit union and to correct any inaccuracies in such data. If you wish to avail of either of these rights, please contact us at St. Columba's Credit Union, Walter Macken Road, Mervue, Galway.

Applicant

Signature

Date

Day / Month / Year

Witness

Signature

TO BE COMPLETED BY THE CREDIT UNION

Evidence of Identification

- Current Valid Passport
- Current Valid Driving Licence
- Current Valid I.D card
- ML 10 Identification Form from the An Garda Síochána
- Other (please specify)

(Copies must be attached)

Evidence of Address Verification

- Original Recent Household Bill
- Electoral Register
- Bank or Building Society Statement
- Document from Revenue Commissioners or other Government Department
- Other (please specify)

(Copies must be attached)

- Proof of PPS no received
- Depositor Information Sheet acknowledged by member

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

Signed:

(Membership Committee)

Date: