



JOINT MEMBERSHIP FORM

(please complete all sections in BLOCK CAPITALS)

PLEASE NOTE: THIS COMPLETED APPLICATION MUST BE SUBMITTED WITH THE FOLLOWING DOCUMENTS FOR BOTH PARTIES:

- Current Photographic ID (e.g. Passport, Drivers Licence)
- Evidence of PPS number (Personal Public Services card cannot be accepted as proof of same)
- Address verification (e.g. Bank Statements, Utility Bill, letter from Government Department - dated within previous 3 months)

**Original documents must be submitted in person, by the applicants, to an officer in the Credit Union.
THE CREDIT UNION RESERVES THE RIGHT TO LOOK FOR ADDITIONAL INFORMATION IF REQUIRED.**

1a. PERSONAL DETAILS - 1st Named Person

Name: Title: Mr Mrs Ms Miss Other

Nationality: Country of Residence:

VISA ID (if applicable): VISA Expiry Date:

Date of Birth: EIRCODE:

Address:

If less than 3 years, please give previous address:

Telephone Number: Mobile Number:

Email Address:

Member of another Credit Union? YES NO

If YES please give name of Credit Union:

Occupation:

Employer Name and Address:

1b. PERSONAL DETAILS - 2nd Named Person

Name: Title: Mr Mrs Ms Miss Other

Nationality: Country of Residence:

VISA ID (if applicable): VISA Expiry Date:

Date of Birth: EIRCODE:

Address:

If less than 3 years, please give previous address:

Telephone Number: Mobile Number:

Email Address:

Member of another Credit Union? YES NO

If YES please give name of Credit Union:

Occupation:

Employer Name and Address:



2. YOUR RIGHTS TO COMMUNICATION

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 (e.g. the AGM notice). This will assist the Credit Union in reducing our carbon foot print.

Email address:

KEEPING YOU INFORMED: DIRECT MARKETING

From time to time, Link Credit Union Ltd would like to notify you of products, services, competitions and/or promotional offers that may be of interest to you. If you wish to be included in such marketing communications please tick the relevant boxes:

Post Email Text Mobile I do not wish to be contacted

You can update your preferences at any time by contacting us by letter or email dpo@linkcu.ie.

Please note, the Credit Union may still contact you where there is a legal obligation or legitimate interest basis for that contact.

3. BENEFICIAL OWNERSHIP

Reason for opening an account: Savings Loans Deposit Other

please specify:

Source of funds: Wages Pension Welfare Other

please specify:

1. We declare that we are the beneficial owners of the funds which will be held in this account. We acknowledge that all shares arising from this membership now and hereafter shall be our sole property and all withdrawals shall be applied for our benefit.

Applicant Signature: Date:

Applicant Signature: Date:

2. Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010? Yes No

If the answer is yes please explain why:

4a. TAX RESIDENCY - 1st Named Person

If you are a tax resident in another country, please provide your Tax Identification Number (TIN) and Country of Tax Residence

TIN No:

Country of Tax Residence:

I confirm that the information provided is true and correct to the best of my knowledge, and if my circumstances change, I will notify the Credit Union

Applicant Signature: Date:

If you are NOT a tax resident in another country, please sign the following:

Applicant Signature: Date:

Mandatory *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 Act 2018. 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>

4b. TAX RESIDENCY - 2nd Named Person

If you are a tax resident in another country, please provide your Tax Identification Number (TIN) and Country of Tax Residence

TIN No:



Country of Tax Residence:

I confirm that the information provided is true and correct to the best of my knowledge, and if my circumstances change, I will notify the Credit Union

Applicant Signature: Date:

If you are NOT a tax resident in another country, please sign the following:

Applicant Signature: Date:

Mandatory 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 Act 2018. 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>

5. DECLARATION

- Data Protection and Privacy Statement** - 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 Link Credit Union Ltd in accordance with our privacy statement which is available to you at your request or you can access the privacy statement at any time on www.linkcu.ie
Please tick the box to confirm you have been advised & offered a copy of our Privacy Statement
- Depositor Information Sheet** - The Depositor Information Sheet provides important information in relation to the Deposit Guarantee Scheme and your related rights. **Please tick the box to confirm you have received the Depositor Information Sheet as attached**
- European Communities (Payment Services) Regulations 2018 (the "Regulations")** - The "Framework Contract" provides important information for the purposes of the Regulations. You can access this document at any time on www.linkcu.ie. A copy will be emailed to you in the Welcome Pack when your account has been opened. **Please tick this box to confirm you have been advised where to locate the Regulations document**

All shares and deposits held in this account will be held jointly by us. On the death of a joint party, all his/her interest in the joint account including all accruals, additions thereto and insurances shall become the property of the surviving party. The first named person on the account is entitled to vote at Link Credit Union's AGM/SGM.

One signature is required to sign receipts on the account, either members signature. However both parties signatures are required to:

- Apply for a loan
- Sign a Credit Agreement for a loan
- Close the account

We hereby apply for membership of Link Credit Union Ltd. and agree to abide by the rules of the Credit Union. The information given by us on this form is true and correct to the best of our knowledge and belief. We will promptly notify the Credit Union in writing of the details of such changes and any other relevant material/information of which we may become aware at any time after the date of this Declaration. We understand that any false or misleading information given by us in connection with this application for membership of Link Credit Union Ltd may result in termination of our membership, apart from any other legal sanctions that may apply.

Applicant Signature: Date:

Applicant Signature: Date:

FOR CREDIT UNION USE ONLY

| Evidence of Identification: <i>(Copies must be attached)</i> | 1 st Named | 2 nd Named |
|--|-----------------------|-----------------------|
| Current Valid Passport | | |
| Current Valid Driving Licence | | |
| Birth Certificate | | |
| Other (Please Specify) | | |

| Evidence of PPSN: <i>(Copies must be attached)</i> | 1 st Named | 2 nd Named |
|--|-----------------------|-----------------------|
| Tax Free Allowance Certificate | | |
| Payslip | | |
| Official Document from Revenue | | |
| Medical Card, Drugs Payment Scheme Card | | |
| Other (Please Specify) | | |

| Evidence of Address: <i>(Copies must be attached)</i> | 1 st Named | 2 nd Named |
|---|-----------------------|-----------------------|
| Original, Recent Household Bill | | |
| Statement from a Credit Institution | | |
| Correspondance from a State Agency or Public Body | | |
| Other (Please Specify) | | |

Date application received:

Officer Signature:

Application Approved and details verified in accordance with the Standard Rules by: (Membership Committee or Membership Officer)

Signature:

*Membership Officer */ Committee **

Date:

Account opening pack emailed / posted ___ / ___ / ___

Date

Initial

GUIDANCE NOTES

ALL SECTIONS ON THE APPLICATION FORM MUST BE COMPLETED.
BOTH APPLICANTS MUST BE PRESENT AND PROVIDE ORIGINAL DOCUMENTS TO THE CREDIT UNION

Identification (examples of acceptable documents)

Photographic ID - Driver's License, Passport or Irish Residence permit - must be in date.

Evidence of PPS - P21; PAYE Notice of Tax Credits; Tax Free Allowance Certificate; Pay slip; correspondence from Revenue, Medical card or Drugs Payment Scheme Card. (We are unable to accept the Public Services Card),

Address Verification: Bank or Credit Card Statement, utility bill, Government letter or TV licence renewal form dated within the last 3 months.

Please contact the Credit Union if you are unable to provide any of the above documents.

Joint Accounts

Both parties must be over 18 years of age. Only the first named party on a joint account is entitled to Death Benefit Insurance, Loan Protection and Life Savings cover (T&Cs apply) more information will be provided in the welcome pack.

SECTION 1. Personal Details:

Visa ID and Visa Expiry Date – To be completed by non-EU residents only.

An email address must be provided as the Credit Union will contact you via email to:

- Confirm when the account has been opened.
- Advise you of the final step in completing the Membership Application process.
- Provide you with a Welcome Pack.

SECTION 2. Your Rights to Communication

Self-explanatory.

SECTION 3. Beneficial Ownership

The Credit Union must comply with the legal requirements as stated in the Criminal Justice (Money Laundering and Terrorist Financing Act 2010 and 2013), which includes our obligations regarding funds lodged into the Credit Union: "the true nature, source, location, disposition, movement or ownership of the property, or any rights relating to the property"

Beneficial Owner: Person who owns the funds held in the account.

Politically Exposed Person: is a term used to describe an individual who has been entrusted with a prominent public function or a close associate or a member of the same family. Commonly referred to as a PEP.

(Please refer to : The Money Laundering and Terrorist Financing Act 2010 and 2013 for further information).

*****SIGNATURE REQUIRED HERE*****

SECTION 4. Tax Residency

If you are a Tax resident in another country, we require your TIN, in accordance with Taxes Consolidation Act 1997. If you are resident for tax in Republic of Ireland, we will require evidence of your PPS Number.

*****SIGNATURE REQUIRED HERE*****

SECTION 5. Declaration

Depositor Information Sheet is attached to this application form, for your retention. It is your responsibility to notify the Credit Union of any changes to your relevant personal information. Please tick the 3 boxes regarding obligatory notices.

*****SIGNATURE REQUIRED HERE*****

Process for opening an account with the Credit Union

1. Please complete the appropriate membership application form: Single Membership/Joint Membership/Juvenile Membership (*applicant aged under 16 years*).
2. Please sign Sections 3, 4 and 5
3. **Both parties must call in person to either office with completed membership form and 3 original forms of ID.**
4. An officer will photocopy your documents and return them to you.
5. An initial assessment will be made of the completed application form, before it is submitted to the Onboarding Officer for processing.
6. Your account will usually be opened within 5 working days. A welcome pack will be emailed to you at that time.
7. You must lodge funds to your account within one month from the date your account is opened, to become a member of the Credit Union. If funds are not lodged during this period, the account will be closed.
8. A membership fee of €1.00 will be deducted from your initial lodgment.
9. The Annual Affiliation Fee of €1.00 for membership to the Irish League of Credit Unions, is debited from the Share Account every year after the AGM.
10. Minimum Share balance of €10.00 must be retained for membership of the Credit Union.
11. Minimum Share balance of €25.00 must be retained in the account to be eligible for Death Benefit Insurance.

IT IS THE MEMBERS RESPONSIBILITY TO ENSURE THE MINIMUM SHARE BALANCE IS MAINTAINED, TO RETAIN MEMBERSHIP AND BENEFITS OF THE CREDIT UNION.