



# JUVENILE MEMBERSHIP FORM

Aged under 16 years. (Please complete all sections in BLOCK CAPITALS)

**PLEASE NOTE: THIS COMPLETED APPLICATION FORM MUST BE SUBMITTED WITH THE FOLLOWING:**

- Current Photographic ID (Please refer to Guidance Notes)
- Evidence of PPS number (Please refer to Guidance Notes)
- Address verification (Please refer to Guidance Notes)

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

## 1. PERSONAL DETAILS

Name:  Title: Mr  Ms  Miss  Other

Nationality:  Country of Residence:

Date of Birth:  EIRCODE:

Address:

How long have you been living at this address: Years  Months

If less than 3 years, please give previous address:

Telephone Number:  Mobile Number:

Member of another Credit Union? YES  NO

If YES please give name of Credit Union:

## 2. BENEFICIAL OWNERSHIP

Reason for opening an account: Savings  Deposit  Other

*please specify:*

Source of funds:

*please specify:*

- I declare that I am the beneficial owner of the funds which will be 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.

Applicant Signature:  Date:

In the event that the application is in respect of a person who is unable to give receipts:

Signature:  Date:   
(Parent/Guardian/Other)

- 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 provide more information:

## 3. TAX RESIDENCY

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:



In the event that the application is in respect of a person who is unable to give receipts:

Signature:  Date:   
(Parent/Guardian/Other)

**If you are tax resident in the Republic of Ireland, please sign the following:**

Applicant Signature:  Date:

In the event that the application is in respect of a person who is unable to give receipts:

Signature:  Date:   
(Parent/Guardian/Other)

**\*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 or contact Revenue at aeoi@revenue.ie or see <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

## 4. DECLARATION

**Please note that when a minor can make the necessary receipts, the signing parent/guardian will no longer have access to the account.**

- 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](http://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](http://www.linkcu.ie). **Please tick this box to confirm you have been advised where to locate the Regulations document**

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

Applicant Signature:  Date:

In the event that the application is in respect of a person who is unable to give receipts:

Signature:  Date:   
(Parent/Guardian/Other)

Print Name:   
(Parent/Guardian/Other)

## FOR CREDIT UNION USE ONLY

Child	Please Tick
Photo ID: Passport <i>(if no passport is held please provide birth certificate)</i>	
PPS number: Department of Social Protection Letter or Medical Card	
Address verification: To be provided by Parent / Guardian - please refer below	

Parent / Guardian	Please Tick
Photo ID: Passport or Drivers Licence	
Proof of address: Utility bill or Bank Statement <i>(dated within the last 3 months)</i>	
Evidence of relationship to child will be required	

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 posted \_\_\_ / \_\_\_ / \_\_\_   
*Date Initial*

# Link Credit Union Ltd. Deposit Guarantee Scheme

## Depositor Information Sheet

### Basic information about the protection of your eligible deposits

Eligible deposits in Link Credit Union Ltd are protected by:	The Deposit Guarantee Scheme ("DGS") <sup>(1)</sup>
Limit of protection:	€100,000 per depositor per credit institution <sup>(2)</sup>
If you have more eligible deposits at the same credit institution:	All your eligible deposits at the same credit institution are 'aggregated' and the total is subject to the limit of €100,000 <sup>(2)</sup>
If you have a joint account with other person(s):	The limit of €100,000 applies to each depositor separately <sup>(3)</sup>
Reimbursement period in case of credit institution's failure:	10 working days <sup>(4)</sup>
Currency of reimbursement:	Euro or, for branches of Irish banks operating in another member state of the EEA, the currency of that member state.
To contact Link Credit Union Ltd for enquiries relating to your account:	Link Credit Union Ltd Main Street, Kingscourt, Co. Cavan A82 Y5D5 Tel: 042 967 5000 Email: info@linkcu.ie
To contact the DGS for further information on compensation:	Deposit Guarantee Scheme, Central Bank of Ireland New Wapping Street, North Wall Quay, Dublin 1, D01 F7X3 Tel: 1890-777777 Email: info@depositguarantee.ie

More information at [www.depositguarantee.ie](http://www.depositguarantee.ie)

# Link Credit Union Ltd. Deposit Guarantee Scheme

## Depositor Information Sheet

### OTHER IMPORTANT INFORMATION

In general, all retail depositors and businesses are covered by the Deposit Guarantee Scheme.

Exceptions for certain deposits are stated on the website of the Deposit Guarantee Scheme.

Your credit institution will also inform you on request whether certain products are covered or not.

If deposits are eligible, the credit institution shall also confirm this on the statement of account.

#### 1. SCHEME RESPONSIBLE FOR THE PROTECTION OF YOUR DEPOSIT

Your deposit is covered by a statutory deposit guarantee scheme. If insolvency should occur, your eligible deposits would be repaid up to €100,000.

#### 2. GENERAL LIMIT OF PROTECTION

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by the DGS. This repayment covers at maximum €100,000 per person per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100,000.

#### 3. LIMIT OF PROTECTION FOR JOINT ACCOUNTS

In the case of joint accounts, the limit of €100,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of €100,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above €100,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits relating to certain events which include: certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential

property; sums paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits; the depositor's marriage, judicial separation, dissolution of civil partnership, and divorce; sums paid to the depositor in respect of benefits payable on death; claims for compensation in respect of a person's death or a legacy or distribution from the estate of a deceased person.

#### 4. REIMBURSEMENT

The responsible deposit guarantee scheme is: **Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1, D01F7X3**  
Tel: 1890 - 777 777  
Email: [info@depositguarantee.ie](mailto:info@depositguarantee.ie)  
Website: [www.depositguarantee.ie](http://www.depositguarantee.ie)

It will repay your eligible deposits (up to €100,000) within 15 working days until 31 December 2020; within 10 working days from 01 January 2021 until 31 December 2023; within 7 working days from 01 January 2024 onwards, save where specific exceptions apply.

Where the repayable amount cannot be made available within seven working days depositors will be given access to an appropriate amount of their covered deposits to cover the cost of living within five working days of a request. Access to the appropriate amount will only be made on the basis of data provided by the credit institution. If you have not been repaid within these deadlines, you should contact the deposit guarantee scheme.

More information at  
[www.depositguarantee.ie](http://www.depositguarantee.ie)