

Application for Membership



Ballyhackamore Credit Union Limited

Ballyhackamore Credit Union is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

Name:

Address:

Postcode:

Date of Birth: Telephone:

Occupation:

I hereby apply for membership of and agree to abide by the rules of Ballyhackamore 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 or have not been a member of any credit union other than those listed below.

State the names of any other credit union of which you are or have been a member.....

Purpose of the Account Membership Eligibility: Live Work in the bond (tick)

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

Applicant's Signature: Date:

Proposed: No: Date:

Seconded: No: Date:

Insurance Declaration

Name: Membership Number:(for Credit Union Use)

Please tick one box from the options below:

1) I am under 70 years of age at date of joining. I confirm that I am fit to follow my normal occupation or duties. I am not medically retired nor unable to work for medical reasons

I agree to my account being charged on an annual basis with the amount payable for Death Benefit Insurance cover, in line with current terms and conditions.*

I agree to my personal details being passed to the insurer for underwriting purposes.

* My account balance must be greater than or equal to £75. The amount payable, along with any changes in terms and conditions to be notified annually prior to deduction.

2) For medical reasons I am unable to work and am therefore not eligible for DBI

3) I am 70 years old or over at the date of joining and am therefore not eligible for DBI

I understand that the insurances provided through membership with Ballyhackamore Credit Union are not applicable to my account (eg: loan protection, death benefit, life savings insurances).

Signed: Date:

Are you interested in volunteering? Yes No Where did you hear about us?

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**

Consent to use and disclosure/Data Protection Act 1998 and Rule 163 of the Standard Rules for Credit Unions (Northern Ireland) (2013)

I understand that under the Data Protection Act 1998 (the "DPA"), my consent may be required for the credit union to process personal data that it may have in its possession concerning me (including disclosure to third parties). 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. I also understand that under rule 163 of the Standard Rules for Credit Unions (Northern Ireland), the credit union, subject to exceptions listed in the rule, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction of mine with the credit union.

Giving your consent

For the purpose of assessing my application for a loan and generally for administering and monitoring any accounts I have with the credit union:

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 you 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 you disclosing any information in my application or in respect of any account or transaction of mine 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 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.

Correspondence

For convenience, it may be necessary for the credit union to contact you via email or text message. Please note the credit union maintains the right to contact you 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 No:

Marketing

From time to time, the credit union may use your details to inform you of goods, services, competitions and/or promotional offers available from the credit union and carefully selected third parties which may be of interest to you. **We do not give your details directly to third parties.**

The use of your details for marketing purposes will depend on the preferences that you express below:

Opt-In (Marketing by email, text message and fax)
I consent to the credit union informing me of goods or services, competitions and promotional offers that may be of interest to me by email, text message or fax, 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.

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.

Signature of first applicant

Witnessed by

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

(THIS SECTION IS TO BE COMPLETED BY THE CREDIT UNION)

Evidence of Identification

(Copies must be attached)

ONE DOCUMENT CANNOT BE USED TO PROVE BOTH IDENTITY AND ADDRESS

- Current Valid Passport
- Current EU/UK Photo Card Driving Licence
- EU Member State Identity Card
- Northern Ireland Electoral ID Card
- DRD Senior Citizen Smart Pass / 60+ Smart Pass
- Birth Certificate (for a minor/or evidence of name change only)
- Other*

*Please specify

Evidence of Address Verification posted and dated within the last 3 months

(Copies must be attached)

- Current Utility Bill (e.g. Gas/Electricity Bill)
- Official document from a Government Body
- Original Recent Bank/Building Society Statement
- Local Authority Document (e.g. Rates Bill)
- Current Insurance Document (e.g. House/Motor Insurance)
- Other*

*Please specify (i.e. in genuine cases where the above cannot be presented)

Initials

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

Signed:

(Membership Committee)

Date:

Additional Information: