

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:

City:

Postcode:

Mobile:

Landline:

DOB:

Occupation:

Purpose of the Account:

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:

Politically Exposed Person (PEP)¹ Yes No

Related to or a close associate of a PEP Yes No

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.

Are you interested in volunteering? Yes No

Where did you hear about us?

It is important that you read and understand our Privacy Notice with this application form.

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.

Signature of Applicant:

Date:

1. Politically Exposed Person (PEP) is defined under Regulation 35(14) of the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 as an individual who is entrusted with a prominent public function, other than as a middle ranking or more junior official e.g. Heads of State or of government, ministers (including deputy or assistants), members of parliament or devolved legislative bodies including the Northern Ireland Assembly, senior government, judicial or military officials, senior executives of state owned corporations or international organisations and members of the governing bodies of political parties. Please also declare if you are a family member (spouse or civil partner of the children of the PEP and the spouses or civil partners of the PEP's children; parents of the PEP); or close associate of a PEP. If you are uncertain as to your status please discuss with the credit union. This information is requested for the purpose of compliance with the credit union's obligations under anti-money laundering and terrorist financing legislation.

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*	

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 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:

* **Mandatory Field**

** 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 data protection legislation. 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>

Please tick one from the options below:

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.

Applicant Signature

Date:

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

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).

Applicant Signature

Date:

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

Account Opening Privacy Notice

Please take time to read the account opening privacy notice of the credit union which outlines how and why we process your personal data. A copy is available for you to take away and you can access our general privacy notice at any time on www.bhcu.co.uk

Please tick here to confirm that you have received a copy of our Account Opening privacy notice

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 foot print and will also reduce costs.

Email address:

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.

FOR CREDIT UNION OFFICE USE ONLY

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
- National Identity Card / 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
- Council / 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 for Northern Ireland

Membership eligibility:

Living in Bond

Working in Bond

Approved by (Print Name):

Signature:

Position(Membership Committee)

Date: DD MM YYYY

Book Number: