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:
Mobile: Postcode: DOB:
Occupation: Purpose of the Account:
I confirm that the account is for my own personal use and benefit: If you ticked No above, please specify the beneficial owner of the account:
Politically Exposed Person (PEP)
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?
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: DD MM YYYY

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 p	urpose	s of	the Co	mm	on	Rep	orting	Stai	ndar	d											
If you are tax resident in a and Country of Tax Reside		cou	ntry, pl	ease	prov	vide	your Ta	ıx Id	entif	icatio	on I	Nun	nbe	r ("T	IN")						
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Applicant Signature													Da	ıte:		DI) M	M	ΥΥ	ΥY	
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Applicant Signature													Da	ate:		DI) M	1M	ΥΫ́	ΥΥ	
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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	D PROVE BOTH IDENTITY AND ADDRESS	S
Current Valid Passport		
Current EU/UK Photo Card Driving Lice	ence	
National Identity Card / EU Member St	ate Identity card	
Northern Ireland Electoral ID Card		
DRD Senior Citizen Smart Pass / 60+ Si	mart Pass	
Birth Certificate (for a minor/or eviden	ce of name change only)	
Other*		
*Please specify		
Evidence of Address Verification poste	ed 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	e.g. Rates Bill)	
Current Insurance Document (e.g. Hou	use/Motor Insurance)	
Other*		
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