



Juvenile Members – Newborn to Under 16 Years

Juvenile accounts can only be opened by the child's parent / legal guardian. The adult themselves must provide the following at the time of opening the account:

1. Photographic Identification
2. Proof of address

See the Adult Membership Requirements above for acceptable documentation.

WE MUST ALSO RECEIVE THE FOLLOWING FOR THE CHILD:

1. Long Birth Certificate
2. If the child is 7 or over they must be present at the time of account opening

Delegated Authority for Juvenile Account

At account opening stage or anytime thereafter, an additional parent / legal guardian can be nominated to have delegated authority on the account.

All monies deposited in the juvenile's account are the juvenile's sole property. All withdrawals made from a juvenile's account must be for the juvenile's sole benefit and may only be carried out by the parent / legal guardian or by the juvenile when accompanied with parent / legal guardian.

Why do we need your identification?

Member Identification Requirements

In accordance with the 2017 Money Laundering Regulations, all financial institutions, including Coalisland Credit Union are required by law to collect documentation to verify our members' identity and their residential address.

Please note that where we have been unable to obtain the necessary documentation from a member, we will be required to cease providing services and ultimately it could mean having to close accounts.

In order to avoid this, we would greatly appreciate member's co-operation in providing the identification documents which have been requested from you.

One piece of identification from each section is required.



PLEASE COMPLETE IN BLOCK CAPITALS

IF THE CHILD IS AGED 7 OR OVER THEY MUST BE PRESENT AT THE TIME OF JOINING

PARENT/GUARDIAN

Existing Member? (Please tick if yes)
Member Number
Name:
Address:

Post Code:
Date of Birth:
Telephone (H):
Telephone (M):
Email:
Relationship:

JUNIOR APPLICANT

Name:
Address:

Post Code:
Date of Birth:
Gender:

DECLARATIONS

Declaration:

I hereby apply for membership of, and agree to abide by the rules of, Coalisland Credit Union on behalf of the Junior Member named, and declare that they are not, or have not, been a member of any credit union other than those listed as follows:

I accept and understand that the balance in the above numbered account in the junior applicant's name will be refunded by Coalisland Credit Union in the event of the membership application being disapproved. The information given by me on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information given by me in connection with this application for, or my membership with the Credit Union, may result in termination of the membership, apart from any other legal sanctions that may apply.

PLEASE DO NOT SIGN UNTIL IN THE PRESENCE OF A STAFF MEMBER IN THE OFFICE

Child's Signature (If aged 7 - 16years)

Applicant Signature:	<input type="text"/>	CCU Witness Signature:	<input type="text"/>
Print Name:	<input type="text"/>	Staff Name:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>



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REQUIRED INFORMATION CHECKLIST

Long Birth Certificate

Proof Of Address

In order to proceed with your membership application, you must provide us with proof of your identity and proof of your address.

Please see our "Identity Confirmation and Address Verification" flyer for full details.

Please note that we can only accept original documents, and you cannot use the same document to prove both your identity and your address.



OFFICE USE ONLY

Membership Common Bond Criteria Residency Employed Employed-related

Processed By: _____

Date: _____

Approved By: _____

Date: _____

Member Number:

Date:



Coalisland Credit Union

WE LOOK AT THINGS DIFFERENTLY

TAX RESIDENCY DECLARATION PAGE 1 OF 1

PLEASE COMPLETE IN BLOCK CAPITALS

TAX RESIDENCY FOR THE PURPOSE OF THE COMMON REPORTING STANDARD

If you are tax resident in another country, other than the UK/Northern Ireland, please provide your Tax Identification Number ("TIN") and Country of Tax Residence:

TIN*

Country of tax residence**

Applicant signature:

Date:

OR

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:

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.

* 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 the Data Protection Act 1998. 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>

Member Number: Date: 

Coalisland Credit Union

WE LOOK AT THINGS DIFFERENTLY

SUPPLEMENTARY MEMBERSHIP APPLICATION PAGE 1 OF 1

SUPPLEMENTARY MEMBERSHIP APPLICATION

All Credit Unions are obliged to comply with legislation that Government has enacted to combat money laundering and the financing of terrorism. This regulation is called 'Regulation 35(14) of the Money Laundering, Terrorist Financing and Transfer of Funds 2017'.

In accordance with this legislation we are required to obtain answers from all our members to the following questions. We should be grateful if you would tick the relevant boxes on this form. The explanation of the terminology used is given at the bottom of this form.

Please tick the relevant box to answer the following questions:

1. Are you a Politically Exposed Person (PEP) as defined in Regulation 35(14) of the Money Laundering, Terrorist Financing and Transfer of Funds 2017?

Yes No

If the answer is 'Yes', please explain why here

2. Are you the beneficial owner of the funds in your shares/deposit account?

Yes No

If the answer is 'No', please explain why here

I will promptly notify the Credit Union of any changes in the information which I have provided and confirm that I will inform 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. **PLEASE DO NOT SIGN UNTIL IN THE PRESENCE OF A STAFF MEMBER IN THE OFFICE.**

Applicant Signature: CCU Witness Signature: Print Name: Staff Name: Date: Date:

'Politically Exposed Person' (PEP)

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 PEP, children of the PEP, 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.

Office Use Only Member Number: Date:



**Coalisland
Credit Union**

WE LOOK AT THINGS DIFFERENTLY

**NEW MEMBER
DECLARATIONS FORM**
PAGE 1 OF 1

PLEASE COMPLETE IN BLOCK CAPITALS

ACCOUNT OPENING INFORMATION

FSCS Information Sheet and Exclusions List Declaration

I acknowledge receipt of the Information Sheet and Exclusion List

Applicant signature:

Date:

Account Opening Privacy Notice

I acknowledge that I am in receipt of the Account Opening Privacy Notice.

Applicant signature:

Date: