

We are delighted you have chosen to become a member of Coalisland Credit Union.

Download and print this form and bring it to our office completed or alternatively obtain a copy in office to be completed.

PLEASE COMPLETE ALL RELEVANT SECTIONS IN BLOCK CAPITALS AND DO NOT SIGN THE SIGNATORY SECTIONS UNTIL IN THE PRESENCE OF A STAFF MEMBER IN OFFICE.

The Membership Committee will review your membership application and you will be contacted either by telephone or email when it has been processed and approved. You will then be able to transact on your account and register for online access, if you wish. This will give you access to your account anytime, anywhere. An app is also available to be downloaded.

REQUIRED INFORMATION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> £20 - Our Death Benefit Insurance (DBI)
qualification is £20.
[applicable to both adult and junior accounts] | <input type="checkbox"/> Proof of Identity
<input type="checkbox"/> Proof Of Address |
|--|---|

In order to proceed with your membership or loan application, or to update our records if requested, you must provide us with proof of your identity and proof of your address. Please bring **ONE DOCUMENT FROM LIST A** and **ONE DOCUMENT FROM LIST B** with you on your next visit to our office.

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

LIST A: IDENTITY VERIFICATION

- | | |
|---|--|
| <input type="checkbox"/> Current valid full passport Current | <input type="checkbox"/> Current valid Electoral Identity Card |
| <input type="checkbox"/> valid full driving licence Current valid | <input type="checkbox"/> Current valid Smart Pass |
| <input type="checkbox"/> National Identity Card | |

LIST B: ADDRESS

- | | |
|--|--|
| <input type="checkbox"/> Financial Statement
<i>This may include a Bank/Building Society/Credit Card statement (issued within the last 6 months) or a Mortgage Statement (within the last 12 months if issued annually)</i> | <input type="checkbox"/> HMRC Correspondence
<i>(issued within the past 6 months)</i> |
| <input type="checkbox"/> Utilities Bill
<i>This may include electricity, gas, water, satellite TV, telephone (not mobile), broadband bill (issued within the past 6 months)</i> | <input type="checkbox"/> Social Security Correspondence
<i>(issued within the past 6 months)</i> |
| | <input type="checkbox"/> LPS Rates Bill or Correspondence
<i>(issued within the past 12 months)</i> |
| | <input type="checkbox"/> Northern Ireland Election Registration
<i>(issued within the past 12 months)</i> |

Please note: The same document cannot be used to confirm both identity and address.

If you have any further questions then please contact us by email at info@coalislandcu.com, by telephone (028) 877 40540 or by visiting our office.

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.

**Coalisland
Credit Union**

WE LOOK AT THINGS DIFFERENTLY

**MEMBERSHIP
APPLICATION FORM
PAGE 1 OF 2****PERSONAL DETAILS**

Title:		Gender:	
Name:		Date of Birth:	
Address:		Contact No.:	
		Email:	
Post Code:		Nationality:	

EMPLOYMENT DETAILS

Employment Status: ☐ Employed ☐ Student ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker

Net income Frequency ☐ Weekly ☐ Fortnightly ☐ Monthly

If employed: Occupation Employer

If self-employed: Nature of business

MORE ABOUT YOU

As part of our ongoing commitment to AML regulations, we are required to ask you a few questions about the source of your finances. Please answer these as accurately as you can.

Which of the following do you currently have or receive? (Please tick all that apply)

<input type="checkbox"/> Existing savings/lump sum	<input type="checkbox"/> Rental income/Money from property sale	<input type="checkbox"/> Inheritance/Money from family
<input type="checkbox"/> Investment income/lump sum	<input type="checkbox"/> Pension income/lump sum	<input type="checkbox"/> State benefits
<input type="checkbox"/> Salary/bonuses		<input type="checkbox"/> Gift (Please specify source)

DECLARATION**Declaration:**

I hereby apply for membership of, and agree to abide by the rules of, Coalisland Credit Union, and declare that I am 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 my name will be refunded to me by Coalisland Credit Union in the event of my 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 my application for or my membership with the Credit Union may result in termination of my membership, apart from any other legal sanctions that may apply.

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

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

CONTACTING YOU

Marketing Preferences

As part of improving our services to you, from time to time we would like to inform you of goods, services, competitions and/or promotional offers available from us.

We may wish to contact you by different means when sending such marketing communications.

Please confirm by selecting below the methods which you consent to be contacted:

- ☐ Post ☐ Text
☐ Email ☐ Telephone

There is no obligation to grant consent nor are there any consequences if you withhold consent.

Granting or withholding consent will have no effect on this application.

You may withdraw your consent at any time by contacting the Credit Union at Coalisland Credit Union, 7 Dungannon Road, Coalisland, Co. Tyrone, BT71 4HP or email info@coalislandcu.com

Applicant signature:

Date:

Electronic Services

There are certain non-marketing notices that we are obliged to provide from time to time such as Statements and AGM notifications.

Sending these communications by email will assist the Credit Union in reducing its carbon footprint and its costs.

If you have provided us with an email address but do not wish to receive this information electronically, please state your preferred method below:

To opt out of our online services, please tick the box provided below. If you do not select this option, an online services Personal Identification Number (PIN) will be automatically issued to you.

☐ Opt Out

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 due to the credit union, including by text or email.

OFFICE USE ONLY

Membership Common Bond Criteria ☐ Residency ☐ Employed ☐ Employed-related

Processed By:

Date:

Approved By:

Date:

**TAX RESIDENCY
DECLARATION**
PAGE 1 OF 1

TAX RESIDENCY FOR THE PURPOSE OF THE COMMON REPORTING

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>

BLANK PAGE

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.

BLANK PAGE

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: