



(Please use BLOCK CAPITALS)

APPLICATION FOR MEMBERSHIP MINOR (UNDER 16)

BOND HOLDER ACCOUNT NUMBER:

1. PERSONAL INFORMATION: First Name: Surname:

Date of Birth: Male Female

Home Address:

Eircode: PPSN:

Previous Address if less than 5 years at above:

Home Tel: Mobile:

Email:

Security Questions: Favourite Film: OR First School:

2. BOND HOLDER: This Section to be completed by the Bond holder* of a Family Member.

I certify that the Applicant is a member of my family and household. (*BOND HOLDER is the member of St. Paul's Garda Credit Union who is/was a member of An Garda Síochána.*)

Bond Holder Name: Account Number:

Relationship of Applicant (e.g. son, daughter etc.):

Bond Holder Signature: Date:

3. ARE YOU A POLITICALLY EXPOSED PERSON (PEP)? Yes No

Please also declare if you are a family member or close associate of a PEP. Relevant lists are provided in Explanatory Notes.

ARE YOU A FAMILY MEMBER OR CLOSE ASSOCIATE OF A PEP? Yes No

4. TAX RESIDENCY FOR THE PURPOSES OF THE COMMON REPORTING STANDARD

ARE YOU TAX RESIDENT IN THE REPUBLIC OF IRELAND? Yes No

If you are tax resident in another country, please provide your Tax Identification Number ("TIN") and Country of Tax Residence:

1.TIN*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other Country of Tax Residence 1*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.TIN**	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other Country of Tax Residence 2**	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

* Mandatory Field if Tax Resident in a country outside R.O.I. ** Mandatory Field if also Tax Resident in a second country outside R.O.I.

5. METHODS OF PAYMENT: Amount € per week fortnight month

Deduction from Garda Pay* Garda Pension* Direct Debit**

*I hereby agree to have my contributions to the above-named organisation deducted each week/fortnight/month from my salary/pension. Such contributions will be paid to the above named organisation on my behalf. I also agree that deductions shall continue to be made unless otherwise notified by the above-named organisation and that the rate of deductions may be changed from time to time by the above named organisation. I recognise that, beyond making remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in the matter. I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rest with me.

**Where payment is to be made by Direct Debit you must complete a SEPA Direct Debit Mandate (available from our office or website) and forward to St. Paul's.

6. CONSENT TO USE AND PROCESS YOUR PERSONAL DATA

St. Paul's will not send marketing information to members under 16 years of age.

Updating to an Adult Account at 16yrs of age.

When you reach 16 years of age St. Paul's will contact you to update your account details, give you details of products and services available to you at that time, and give you opt-in marketing options.

St. Paul's GDPR Privacy Notice outlines how and why we process your Personal Data (available from our office or website)

7. DECLARATION: Complete all sections

- A. I acknowledge and accept St. Paul's GDPR Privacy Notice *(available from our office and website)* Yes
- B. I consent to the processing of my personal data in the manners provided for in St. Paul's GDPR Privacy Notice Yes
- C. I acknowledge and accept the EU (Payment Services) Regulation 2018, PSD2 *(available from our office and website)* Yes
- D. I acknowledge and accept the Deposit Information Sheet *(available from our office and website)* Yes

I hereby apply for membership of and agree to abide by the rules of the Credit Union.

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.

What is the Source of Funding for the account? e.g. Funds from parent etc.

What is the purpose of the account? e.g. Savings.

I confirm that the account is for my own personal use and benefit: Yes No If no, enter name and address of the beneficial owner below.

Applicants Signature:

Date:

IF THE MINOR APPLICANT IS UNABLE TO SIGN THIS FORM

IF THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A MINOR WHO IS UNABLE TO GIVE RECEIPTS (SIGNATURE) BY VIRTUE OF THEIR AGE AT THE TIME OF OPENING THE ACCOUNT A PARENT/GUARDIAN MAY COMPLETE SECTION BELOW ON THEIR BEHALF.

- Only the Parent/Guardian listed below is permitted to access funds on behalf of and for the benefit of the above mentioned minor
- The Parent/Guardian must be a member of St. Paul's Garda Credit Union.
- This authorisation is allowed only up to the minor's 16th birthday, after which time the minor will have sole authority to access funds from this account.

I hereby apply for Membership in the name of and I acknowledge that all shares/deposits arising from this Membership now and hereafter shall be his/her sole property and all withdrawals shall be applied for his/her sole benefit.

Parent/Guardian Signature:

Account Number:

Print Parent/Guardian Name

Date:

Before you return your Application Form, check that all sections are completed. Complete the Checklist on the next page and ensure that ALL relevant supporting documentation is included. Incomplete applications will be returned to you for correction.

FOR OFFICE USE ONLY

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

Signed: (Membership Committee) Date:

CHECKLIST:

Before you return your Application Form, check that

A. All sections of Application Form are completed and signed where necessary

Attach the following documentation for the Minor applicant

B. Certified Copy of Minors Birth Certificate or Passport

C. Proof of Minors P.P.S.N

D. If Minor has a guardian, a copy of the legal guardianship declaration

Parent/Guardian - If you have not updated your ID with us recently do so now by attaching documents below.

To update your Documents - Please provide one type of each verification document as follows:

E. Type of Photo ID verification supplied – (Certified Copy* of current Photo ID with DOB and Expiry Date)

Passport Driving Licence ML10 Other (please specify)

**Certified Copy means - Certified by signature of a Garda, Certified Public Accountant, Notary, Solicitor, Commissioner of Oaths, Justice of the Peace, or Medical Professional by using their business brand/stamp with the wording "Certified True Copy of Original Document"*

F. Type of Address verification supplied (Headed paper, less than 6 months old, showing your name and address)

Utility Bill Bank Statement Gov Dept Letter Other (please specify)

G. Type of PPSN verification supplied, copy of;

Drugs Payment Card European Health Insurance Card P60 Other (please specify)

You must provide verification of your PPSN to comply with Revenue requirements for DIRT reporting. Return of Payments (Banks, Building Societies, Credit Union and Savings banks) regulations 2008, amended 2015, and the Credit Reporting Act 2013.

Return your completed form, with supporting documentation, Freepost to;

FREEPOST CK424, Membership Committee, St. Paul's Garda Credit Union Ltd., Boreenmanna Road, Cork. T12 TN67

Your application will be considered by the membership committee and you will be notified of their decision

**Thank you for applying for membership of St. Paul's Garda Credit Union.
Other members of your family may also be eligible to join.**

Membership is open to Persons within our Common Bond, and members of their families¹, this includes:

- Members of An Garda Síochána, (including sworn, Garda Staff and Reserve members), and their families
- Retired members of An Garda Síochána in receipt of a pension, and their families
- Student Gardaí and their families
- Permanent staff of St. Paul's Garda Credit Union Ltd., and their families

¹Member of the family in relation to any person, means that person's father, mother, grandfather, grandmother, father-in-law, mother-in-law, spouse or civil partner², cohabitant³, son, daughter, grandson, granddaughter, brother, sister, half-brother, half-sister, uncle, aunt, nephew, niece, first cousin, step-son, step-daughter, step-brother, step-sister, son-in-law, daughter-in-law, brother-in-law or sister-in-law.

Family members must be a member of the family¹ and household of the bond holder. (Standard Rule 13(2))

A child or step-child of a member, where such child or step-child is under the age of 18 years and living outside the common bond but resident in the Republic of Ireland or the United Kingdom, shall not be precluded from membership of the credit union.

Minors (under 16) use the Minor Membership Application Form, available from our office or website.

²Civil partner and ³cohabitant have the same meaning as they have in the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010.

MINOR MEMBERSHIP APPLICATION FORM – EXPLANATORY NOTES

Please read carefully before you complete the Membership Application Form
Please ensure that ALL relevant documentation is included with your application for membership
Incomplete forms will be returned to you for correction and/or clarification and will delay your application

SECTION 1. PERSONAL INFORMATION:

Personal Information sought to comply with current legislative and regulatory requirements. Please ensure that all the requested information is provided.

Why does St. Paul's need my PPS number?

To comply with the Revenue requirements for DIRT reporting. Return of Payments (Banks, Building Societies, Credit Unions and Savings Banks) Regulations 2008 and the Credit Reporting Act 2013.

SECTION 2. BONDHOLDER: This section is to be completed and signed by the Bond holder stating the relationship with the Minor Applicant.

The Bond holder is the member of St. Paul's Garda Credit Union who is/was a member of An Garda Síochána.

SECTION 3. POLITICALLY EXPOSED PERSON (PEP):

A PEP is an individual who is entrusted with a prominent public function, other than as a middle ranking or more junior official. A PEP includes the following:

- a) heads of state, heads of government, ministers and deputy or assistant ministers;
- b) members of parliament or of similar legislative bodies;
- c) members of the governing bodies of political parties;
- d) members of supreme courts, of constitutional courts or of other high-level judicial bodies;
- e) members of courts of auditors or of the boards of central banks;
- f) ambassadors, chargés d'affaires and high-ranking officers in the armed forces;
- g) members of the administrative, management or supervisory bodies of state-owned enterprises;
- h) directors, deputy directors and members of the board or equivalent function of an international organisation.

Family members of a PEP includes the following:

- (a) any spouse of the politically exposed person;
- (b) any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person resides;
- (c) any child of the politically exposed person;
- (d) any spouse of a child of the politically exposed person;
- (e) any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides;
- (f) any parent of the politically exposed person;
- (g) any other family member of the politically exposed person who is of a prescribed class.

A known close associate of a PEP includes the following:

- (a) any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person;
- (b) any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person;

This information is requested for the purpose of compliance with the credit union's obligations under Anti Money Laundering and Terrorist Financing legislation. If you are uncertain as to your status please discuss with the credit union.

SECTION 4. TAX RESIDENCY:

If you are Tax Resident in Ireland, tick Yes.

If you are Tax Resident in another country, please provide your Tax Identification Number ("TIN") and Country of Tax Residence, If your Tax residency changes you must notify the credit union.

This information is being sought for the purposes of reporting obligations under the Common Reporting Standard (CRS), as provided for by Section 891F of the Taxes Consolidation Act 1997. The information required to be reported under the CRS, including name, address, date of birth, place of birth, TIN, account number, account balance and payments on the account will be provided to the Revenue Commissioners 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 Acts 1988 and 2003 as amended by any national legislation and the GDPR 2016 from 25th May 2018. Only data that is legally required to be reported will be provided to the Revenue Commissioners. For more information on this, please speak to your credit union, contact Revenue at aeoi@revenue.ie or see <http://www.revenue.ie/en/business/aeoi/>

SECTION 5. METHOD OF PAYMENT: Please complete

SECTION 6. CONSENT TO USE AND PROCESS YOUR PERSONAL DATA:

This section enables the credit union to comply with the General Data Protection Regulations (GDPR).

SECTION 7. DECLARATION:

Complete all sections. You must sign and date the form here.

or

If the Minor cannot sign, a Parent/Guardian may sign on his/her behalf

Page 3 CHECKLIST - EVIDENCE OF ADDRESS, IDENTIFICATION & PPSN:

The Criminal Justice Act, 2010 - 2013 places a statutory obligation on St. Paul's Garda Credit Union Ltd. to take reasonable measures to establish the identity of any person prior to the establishment of a business relationship with that person, and on an ongoing basis thereafter. You must provide proof of Identification with Date of Birth, and proof of Address.

Proof of your PPSN is required to comply with the Revenue requirements for DIRT reporting. Return of Payments (Banks, Building Societies, Credit Unions and Savings Banks) Regulations 2008 and the Credit Reporting Act 2013.

The Bond Holders Documentation also needs to be up to date. The Bond Holder can update their documentation, if required, by forwarding items E, F and G on this Checklist.

Before you return your Application Form, check that all sections are completed and signed where necessary. Complete the Checklist and ensure that ALL relevant documentation is included with your application. Incomplete forms will be returned to you for correction and/or clarification