Boreenmanna Road, Cork, T12 TN67 021-4313355 • enquiries@stpaulscu.ie

www.stpaulscu.ie



For Office Use
ACCOUNT NUMBER

Application for Membership - Minor (Under 16)

The minor is the sole beneficiary of this account and can access funds at any age

1) Personal Information:

Applicants Name:	Date of Birth:
Full Postal Address: Eirco	ode:
Gender: Male Female PPSN:	
Previous Address if less than 5 years at above:	
Mobile Number: Other Tel:	
Email:	
Security Question - First School:	
2) Bond Holder: This Section to be completed by the Bond Holder of I certify that the applicant is a member of my family/household. *(Bond Holder is defined)	
Bond Holder Name:	Account Number:
Relationship of Applicant (e.g son, daughter e.t.c)	
Bond Holder Signature:	Date: / /
3) Are you a Politically Exposed Person (PEP)*? Yes No Family Member/ Associate of a Pi (*A person who is entrusted with a prominent public function including head of government/state)	EP?

4) Tax Resid	den	cy l	for	the	e pi	urp	000	25	of '	the	CO	mn	1011	re	por	ting	g st	and	lar	ď
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Other Country of Tax Residen	ce 1*													<u> </u>						
2) TIN**																				
Other Country of Tax Residen	ce 2**																			
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* Mandatory Field I																		R.O.I.		
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St. Paul's GDPR F	Drivac			/ .			time,									ur offi	ce or v	wahsit	م)	
							6)[)e	cla	rat	ion									
Complete all sections	5																			
I acknowledge and a	ccept	St. Pc	aul's G	DPR P	rivac	y Noti	ice (av	ailal	ble fro	m oui	r office	e and	websi	te)				Yes		
I consent to the proce	essing	of my	perso	onal d	ata ir	n the r	manne	rs pi	rovide	ed for	in St. F	Paul's (GDPR	Privad	cy Not	ice		Yes		
I acknowledge and a	ccept	the El	U (Pay	ment	Servi	ces) R	Regula [.]	tion	2018,	PSD2	(avail	able fr	om ou	ır offic	e and	webs	ite)	Yes		
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The information giver misleading information												_								
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What is the Source of	Fundi	ina for	the		_															_
account? e.g. Funds f		_																		
What is the purpose of	of the	accou	nt?																	_
e.g. Savings.																				
I confirm that the acco	ount i	s for m	ny owr	n pers	onal (use a	nd ber	nefit	: Ye	es [No [lf r				d addr below		of
Applicants Signatu	ure:									Date				/	1		/			

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 forementioned minor.

This authorisation is allowed only up to the to access funds from this account.	ne minor's 16th bir	thday, after whic	h time the minor w	ill have sole authority
I hereby apply for Membership in the name that all shares/deposits arising from the withdraws				and I acknowledge e property and all
Parent/ Guardian Signature:			Account I	- Number:
Print Parent/ Guardian Name:			Date:	1 1
Before you return your Application Form, ALL relevant supporting documentation For Office Use: AR	on is included. Incom	pplete applications		for correction.
Signed: (Membership Committee)		Date:	/	
St Paul's Garda Credit Union Ltd, Registered C	Offices: Floraville, Bore	enmanna Road, Cork	is regulated by the Cen	tral Bank of Ireland.
	CHECI	KLIST:		
Before you re	eturn your Applic	ation Form, chec	k that	
A. All sections of A	Application Form are compl	eted and signed where ne	cessary	
Attach th	he following documentatio	n for the Minor applicant		
В	3. Copy of Minors Birth Certi	ficate or Passport		
	C. Proof of Minors			
	a guardian, a copy of the			
Parent/Guardian - If you have not To update your Document:			-	
	E. Type of Photo ID verific		,	
Passport Driving	Licence Of	ther (Please Specify	<i>,</i> [
F. Type of Address verification supp	\ ' '			
Utility Bill Bank Statement	GOV Dept Letter	Other (Pl	ease Specify)	
Prugs Payment Card European Health Insur	G. Type of PPSN verifications ance Card		er (Please Specify)	
ou must provide verification of your PPSN to comply with Revenue	requirements for DIRT repo	rting. Return of Payments	Banks, Buildina Societies. Cre	dit Union and Savinas banks)
	2008, amended 2015, and t	-	_	J. T. T.

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

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.

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

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

Family members of a PEP includes the following:

- any spouse of the politically exposed person;
- 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;
- any child of the politically exposed person;
- any spouse of a child of the politically exposed person:
- 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:
- any parent of the politically exposed person;
- 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:

- 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;
- 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. CONSENT TO USE AND PROCESS YOUR PERSONAL DATA:

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

SECTION 6. 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 Parents/ Guardians 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.