

## Application For Membership (Minor Account)

### Enniskillen Credit Union

#### MINOR

Name:.....

Membership Number: .....

Address:.....

Date Of Birth:...../...../.....

.....

.....

Male/ Female (*Delete as appropriate*)

Post Code:.....

Contact Number:.....

#### PARENT/GUARDIAN

Name:.....

Date Of Birth:...../...../.....

Parents Membership Number: .....

#### 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

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

Limited, and declare that the information given on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information may result in the termination membership.

Minors Signature :.....(If Applicable) Date: .....

Parent/Guardian Signature:..... Date: .....

Please note that by signing this form you agree to the rules and regulations of Enniskillen Credit Union Ltd and their holding of your personal data under 1998 Data Protection act and rule 163 of the standard rules for credit unions which can be viewed overleaf.

Please also note that under rule 18 of the standard rules the credit union shall notify the member and parent when the member is nearing 16 years old to transfer to senior membership. Should no action be taken the credit union will deem that senior membership has been applied for and will transfer the balance after the deduction of the normal joining fee.

## Tax Residency for the purposes of the Common Reporting Standard

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

1.TIN*	
Country of Tax Residence*	
2.TIN*	
Country of Tax Residence*	

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:

Applicant Signature (or Parent/ Guardian on behalf of minor)

..... Date: .....

- 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(or Parent/ Guardian on behalf of minor)

..... Date: .....

**\*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>**

**Consent to use and disclosure/Data Protection Act 1998 and Rule 163 of the Standard Rules for Credit Unions (Northern Ireland) (2013)**

I understand that under the Data Protection Act 1998 (the "DPA"), my consent may be required for the credit union to process personal data that it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data, such as data about my health, within the meaning of the DPA, the processing of which requires my explicit consent. I also understand that under rule 163 of the Standard Rules for Credit Unions (Northern Ireland), the credit union, subject to exceptions listed in the rule, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction of mine with the credit union.

**Giving your consent**

For the purpose of assessing my application for membership and generally for administering and monitoring any accounts I have with the credit union:

I consent:

1. to you seeking information concerning applications for membership or loans and my credit history from the date of my original consent from any other credit union and for that purpose you may disclose any relevant information in this loan application to any such other credit union;
2. to any other credit union disclosing information to this credit union concerning applications for membership or loans from the date of my original consent with any such other credit union;
3. to you disclosing any information in my application or in respect of any account or transaction of mine with the credit union from the date of my original consent to authorised officers or employees of the Irish League of Credit Unions for the purpose of fulfilling requirements under the Savings Protection Scheme if such a scheme is operated on behalf of the credit union by the Irish League of Credit Unions; and
4. to the processing of any information relating to me, either contained in this form or any other form or application, for the purpose of assessing this application and administering any accounts I maintain with the credit union.

**Please note that you have the right to access personal data held about you by the credit union and to correct any inaccuracies in such data.**

**Minors Signature:**..... (If Applicable)                      **Date:** .....

**Parent/Guardian Signature:**.....                      **Date:** .....

**THIS SECTION IS TO BE COMPLETED BY THE CREDIT UNION)**

**Evidence of Identification**

(Copies must be attached)

**Full Birth Cert (Required)**

**Required if Parent/Guardian Is not a Member**

Current Valid Driving Licence (parent/guardian)

National Identity Card (parent/guardian)

Other\*

\*Please specify.....

**Evidence of Address Verification**

(Copies must be attached)

Current Utility Bill (e.g. Gas/Electricity Bill)

Official document from a Government Body

Original Recent Bank/Building Society Statement

Local Authority Document (e.g. Refuse Collection Bill)

Current Insurance Document (e.g. House/Motor Insurance)

Other\*

\*Please specify) .....

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

**Signed:**..... (Membership Committee)    **Date:**.....