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APPLICATION FOR MEMBERSHIP:

**MINOR ACCOUNTS**

**UNDER 16 ONLY**

## Section 1 - APPLICANT DETAILS

APPLICANT'S NAME:	
HOME ADDRESS:	
EIRCODE:	APPLICANT'S COUNTY OF BIRTH:

DATE OF BIRTH:
D D M M Y Y Y Y
COUNTY OF BIRTH:
PPS NUMBER:
MOTHER'S MAIDEN NAME:

## Section 2 - INTRODUCING ACCOUNT HOLDER (completed by introducing member only)

I hereby apply on behalf of the above named minor for membership of St. Raphael's Garda Credit Union Limited. I declare that the information given by me on this form is true and correct to the best of my knowledge. Introducers must be existing members.

NAME OF EXISTING GARDA/GARDA CIVILIAN/GARDA RESERVE:
HOME ADDRESS:

GARDA/GARDA RESERVE REG No./CIVILIAN STAFF No.:
RELATIONSHIP TO APPLICANT:
SIGNATURE OF INTRODUCER:

## Section 3 - AUTHORISED SIGNATORY(S)

To be completed by the signatory(s) authorised to act on the account. On the signing of this form **EITHER** signatory shall be authorised to transact subject to the advisory below. Signatories must be existing members.

SIGNATORY 1	
NAME:	
MEMBERSHIP NUMBER:	
ADDRESS:	
MOBILE NUMBER:	HOME/WORK NUMBER:
EMAIL:	

SIGNATORY 2 (Optional)	
NAME:	
MEMBERSHIP NUMBER:	
ADDRESS:	
MOBILE NUMBER:	HOME/WORK NUMBER:
EMAIL:	

**Advisory:** All shares/deposits arising from this membership now and hereafter shall be the sole property of the minor and all withdrawals shall be applied solely to his/her benefit

**The signatory(s) shall have authorisation to transact on the account of the minor only until the minor's 16th birthday after which time the minor will have sole and exclusive authority to transact on the account.**

I agree to abide by the rules of the credit union in respect of his/her membership and account.

SIGNATURE 1:	DATE
	D D M M Y Y Y Y

SIGNATURE 2:	DATE
	D D M M Y Y Y Y



## Section 7: TAX RESIDENCY

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

Is the Applicant tax resident in the Republic of Ireland?

YES:  NO:

If the applicant is **not tax resident in the Republic of Ireland**, please provide their Tax Identification Number (TIN) and Country of Tax Residence

\*COUNTRY OF TAX RESIDENCE IF NOT REPUBLIC OF IRELAND

TIN (Tax Identification no):

I confirm that the information provided is true and correct to the best of my knowledge and if their circumstances change, I will notify the credit union immediately.

AUTHORISED SIGNATORY 1:

DATE:

D D M M Y Y Y Y

AUTHORISED SIGNATORY 2:

DATE:

D D M M Y Y Y Y

## Section 8: DECLARATION

(THIS DECLARATION MUST BE COMPLETED IN FULL AND APPROPRIATE BOXES TICKED.)

A. Deposit Guarantee Scheme - I acknowledge receipt.

YES:  NO:

B. European Union (Payment Services) Regulation 2018 - I acknowledge receipt.

YES:  NO:

C. Data Protection and Privacy Notice - I acknowledge receipt.

YES:  NO:

D. What is the purpose & nature of the account? e.g. regular savings, school fees etc.

E. Source of funding/source of wealth? e.g. parents' salary, children allowance, gifts etc.

F. I confirm that 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 membership with the Credit Union may result in termination of my membership, apart from any other legal sanctions that may apply. I understand that if any of my circumstances change in the future, I will inform you accordingly.

YES:  NO:

If filling out this application online, please note documents A, B and C above are located on the St. Raphael's website: [www.straphaelscue.ie](http://www.straphaelscue.ie)

### PLEASE SIGN AND DATE THIS APPLICATION HERE:

SIGNATORY 1:

DATE:

D D M M Y Y Y Y

SIGNATORY 2:

DATE:

D D M M Y Y Y Y

For Membership Committee Use Only:

- Have all sections been completed correctly by the applicant?
- Are all relevant AML documents attached?
- Is application approved in accordance with our Common Bond?

SIGNATURE 1:

SIGNATURE 2:

DATE:

D D M M Y Y Y Y

# MEMBERSHIP APPLICATION FORM - EXPLANATORY NOTES

## SECTION 1 - APPLICANT'S DETAILS

### APPLICANT DETAILS

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

### PPS NUMBER

We request your PPSN 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 - INTRODUCING ACCOUNT HOLDER

This section is to be completed and signed by the Common Bond holder when a family member of the same household is applying for membership. The Common Bond holder is the member of St. Raphael's Garda Credit Union who is either:

- A member of An Garda Síochána (including sworn, civilian and reserve members)
- Retired members of An Garda Síochána in receipt of a pension
- Student Gardaí
- Permanent staff of St. Raphael's Garda Credit Union Ltd

## SECTION 3 - AUTHORISED SIGNATORIES

This is to be completed by the person/persons who will be transacting on the account on behalf of the minor. All signatories must be an existing member of St. Raphael's Garda Credit Union Ltd. The introducing account holder is permitted to be an authorised signatory.

## SECTION 4 - REGULATORY REQUIREMENTS

The Criminal Justice Act, 2010 - 2013 places a statutory obligation on St. Raphael's Garda Credit Union Ltd. to take reasonable measure to establish the identity of any person prior to the establishment of a business relationship with that person, and on an ongoing basis thereafter. To comply with these requirements, you must provide proof of identification with Date of Birth, Proof of Address and proof of PPSN. Minors under 16 may give a Birth Certificate or passport.

**Failure to submit certified copies of the requested documents will result in your application being rejected.**

Please see the document checklist for the list of acceptable documents.

## SECTION 5 & 6 - PAYROLL DEDUCTIONS & DIRECT DEBIT

Please add your details to set up payroll deductions to be lodged into the account.

## SECTION 7 - TAX RESIDENCY

\*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, 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 in accordance with applicable data protection laws. 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](mailto:aeoi@revenue.ie) or see <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

## COUNTRY OF TAX RESIDENCE

If you are Tax Resident in any country other than Ireland, please state the country of tax residence and your Tax Identification Number (TIN).

## SECTION 8 - DECLARATION

Sign and tick the appropriate boxes. Note: The details provided in this application form together with any other information that is furnished to us in connection with this application will be retained and processed by St. Raphael's Garda Credit Union Limited in accordance with the Privacy Notice which is included with this application form.

### CHECKLIST - EVIDENCE OF ADDRESS & IDENTIFICATION

Before you return your Application Form, check that all sections of the Application Form are completed and signed where necessary.

Confirm the following documentation is attached:

**(Sections 1, 2, 3, 4, 7 & 8 are mandatory for ALL applicants.)**

- 1. **All sections of the Application form are completed and signed where necessary**
- 2. **Current Photo ID with DOB** - (Certified copy of Passport or Driving Licence) - required by introducer and signatory(s)
- 3. **Certified Copy of Applicant's State Birth Certificate and Passport if available.**
- 4. **Proof of Address** - (Original Utility Bill or Bank Statement etc. less than 6 months old) - required by introducer and signatory(s). Required for applicant if address is different from Signatory.
- 5. **Proof of PPS Number** - (For applicant - (Copy of Social Protection Medical Card, Drugs payment scheme card, etc.))

### Return your Application Form to:

Membership  
St Raphael's Garda Credit Union  
FREEPOST DN7079  
1 - 2 Fox & Geese  
Naas Road  
Dublin 22