



New Member No. (OFFICE USE ONLY)

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APPLICATION FOR MEMBERSHIP

MINOR ACCOUNTS

UNDER 16 ONLY

**Section 1 - APPLICANT DETAILS**

APPLICANT'S NAME:

DATE OF BIRTH: (DD/MM/YYYY)

HOME ADDRESS:

COUNTY OF BIRTH:

PPS NUMBER:

EIRCODE:

APPLICANT'S COUNTRY OF BIRTH:

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:

GARDA/GARDA RESERVE REG No./CIVILIAN STAFF No.:

HOME ADDRESS:

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

SIGNATURE 2:

DATE

## Section 4: REGULATORY REQUIREMENTS

Please provide **certified** copies of the following documents. For more details please see the explanatory notes.

APPLICANT/MINOR	INTRODUCER	AUTHORISED SIGNATORY(S)
Birth Certificate/Passport*	Photo Identification* (passport/driver licence)	Photo Identification* (passport/driver licence)
Proof of Address* (if different from signatory)	Proof of Address* (utility bill or bank statement issued in the last six months)	Proof of Address* (utility bill or bank statement issued in the last six months)
PPS Number Verification**		

### \*CUSTOMER DUE DILIGENCE

Under the Criminal Justice Acts, 2010 & 2013, you must provide evidence of identification and address verification to open your account. Please include an original where possible or a **certified** copy from a suitable person. A suitable person is defined as 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**". Please note uncertified copies will not be accepted for account opening purposes under any circumstances.

### \*\*RETURN OF PAYMENTS REGULATION 2008

To comply with the 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.

## NEW ACCOUNTS CANNOT BE OPENED UNTIL THIS DOCUMENTATION HAS BEEN RECEIVED.

**Please note:** Each application will be reviewed and agreed by the Membership Committee. Each applicant will be informed of the outcome of his or her application. If successful in your application, you will receive a letter which will contain your account number and details of how to access your account.

## Section 5: PAYROLL DEDUCTIONS (Optional)

ORGANISATION NAME:

**St. Raphael's Garda Credit Union Ltd.**

I hereby agree to have my contributions to the above named organisation deducted each week/month from my salary. 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, the member.

SIGNATURE:

AMOUNT PER PAY PERIOD:

€

PRINT NAME:

START DATE:

DATE:

GARDA/GARDA RESERVE REG No./CIVILIAN STAFF No.:

## Section 6: DIRECT DEBIT MANDATE (Optional)

If you would like to set up a Direct Debit from your Bank account to St. Raphael's please fill in this section:

By signing this mandate form, you authorise St. Raphael's Garda Credit Union to send instructions to your bank to debit your account in accordance with the instruction from St. Raphael's Garda Credit Union. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

MEMBER NAME:

HOME ADDRESS:

GARDA/GARDA RESERVE REG No./CIVILIAN STAFF No.:

BIC:

IBAN:

**Creditor Name & Address: St. Raphael's Garda Credit Union, 1-2 Fox & Geese, Naas Road, Dublin 22, Ireland.**

AMOUNT:

TO COMMENCE ON (DATE):

UNIQUE MANDATE REFERENCE (office use only):

€

(Please tick one box only)

Per Week:

Per Fortnight:

Per Month:

**OR One-off payment:**

SIGNATURE 1:

PRINT NAME:

DATE:

SIGNATURE 2 (if Joint Account):

PRINT NAME:

DATE:

## 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:

AUTHORISED SIGNATORY 2:

DATE:

## 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.straphaelscu.ie](http://www.straphaelscu.ie)

## PLEASE SIGN AND DATE THIS APPLICATION HERE:

APPLICANT'S SIGNATURE:

DATE:

### 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 - Certified 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