



New Member No. (OFFICE USE ONLY)

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NEW MEMBERSHIP APPLICATION FORM

Section 1 - APPLICANT DETAILS

(Tick one box) **GARDA MEMBER** **GARDA CIVILIAN STAFF** **GARDA RESERVE** **FAMILY MEMBER**

APPLICANT'S NAME:		GARDA/GARDA RESERVE REG No./CIVILIAN STAFF No.:	
<input type="text"/>		<input type="text"/>	
HOME ADDRESS:		OCCUPATION:	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		EMPLOYER:	
<input type="text"/>		<input type="text"/>	
EIRCODE:	MARITAL STATUS	EMAIL:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH: (DD/MM/YYYY)	APPLICANT'S COUNTY OF BIRTH:	PPS NUMBER:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
HOME PHONE:	MOBILE PHONE:	MOTHER'S MAIDEN NAME:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

NAME OF EXISTING GARDA/GARDA CIVILIAN/GARDA RESERVE:	GARDA/GARDA RESERVE REG No./CIVILIAN STAFF No.:
<input type="text"/>	<input type="text"/>
HOME ADDRESS:	RELATIONSHIP TO APPLICANT:
<input type="text"/>	<input type="text"/>
	SIGNATURE OF INTRODUCER:
	<input type="text"/>

Please provide evidence of identification and address.
 See explanatory notes on page 4.

Section 3 - REGULATORY REQUIREMENTS

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.

Evidence of identification (Certified):
 Must be a clear picture, be current and show issue/expiry dates.

Passport
OR Driving Licence

Proof of current address (Certified):
 Must be issued within the last 6 months.

Household utility bill
OR Bank/Credit Card statement
OR Car/Home Insurance Cert

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.

Proof of PPSN (Certified):
 Public Service Card **Not** Accepted
 P60/Tax Credit Cert.

OR Payslip
OR Social Welfare documents

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.

**Please complete EITHER
Section 4 for Payroll Deductions or Section 5 for Non-Payroll Deductions.**

Section 4: PAYROLL DEDUCTIONS

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: (DD/MM/YYYY)

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

Section 5: DIRECT DEBIT MANDATE

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 (DD/MM/YYYY):

SIGNATURE 2 (if Joint Account):

PRINT NAME:

DATE (DD/MM/YYYY):

Section 6: ONLINE & TELEPHONE BANKING

- I confirm that I am registering for access to telephone and online capabilities.**
- Notwithstanding the terms of this mandate or any future mandate or other agreement or course of dealing between the Credit Union and myself, I hereby request and authorise the Credit Union (but do not oblige the Credit Union) to rely upon and act in accordance with any instruction or communication which may from time to time be or purport to be given by telephone, facsimile or electronic transmission by myself to the Credit Union in relation to the operation of my account(s) with the Credit Union.
- The Credit Union shall be absolved of any and all responsibility for any loss or liability of any nature (direct or indirect) suffered by me as a result of any error in transmission of any telephone, facsimile or electronic instruction or communication or as a result of the Credit Union acting on any telephone, facsimile or electronic instruction or communication that the Credit Union believes in good faith to have been made by me and the Credit Union is authorised to act without further enquiry upon any telephone, facsimile or electronic instruction or communication believed in good faith by the Credit Union to be an instruction or communication so given or made and no claim of whatsoever nature shall arise against the Credit Union in relation to its actions on foot of any such instruction or communication.
- The terms of this Authority and Indemnity shall remain in full force and effect unless and until the Credit Union receives (and has reasonable time to act upon) a note of termination from me in writing terminating the terms of this Authority and Indemnity from the date of such note of termination or a specified future date save that such note of termination will not release me from my liability under this Authority and Indemnity in respect of any act performed by the Credit Union in accordance with the terms of this Authority and Indemnity prior to the expiry of such specified date.
- Any electronic transmissions will be sent only to the email address I have specified in **Section 1**.

SIGNATURE:

DATE:

Section 7: TAX RESIDENCY

Tax Residency for purposes of the Common Reporting Standard

Are you tax resident in the Republic of Ireland?

YES: NO:

If you are **not tax resident in the Republic of Ireland**, please provide your 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 my circumstances change, I will notify the credit union immediately.

SIGNATURE:

DATE (DD/MM/YYYY):

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. I confirm that the account is for my own personal use and benefit.

YES: NO:

If you ticked 'No', please give the name and address of the beneficial owner of the account here:

D. What is the purpose & nature of the account? e.g. regular savings, budget account facility?

E. Source of Funding/Source of Wealth? e.g. salary, inheritance, investments, gift, etc. Please specify.

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

YES: NO:

G. Communications - From time to time, the Credit Union may wish to inform you of goods, services, products, competitions, promotional offers and Credit Union news which may be of interest to you. The use of your details for these purposes will depend on the preferences that you express below. You can update your preferences at any time by contacting us by letter. *Please note, the Credit Union may still contact you where there is a legal or legitimate interest basis for that contact.*

YES, I would like to be contacted: NO, I would not like to be contacted:

H. 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.

YES: NO:

If filling in this application online, please note A, B and C above are located on the St. Raphael's website: www.straphaelscu.ie

PLEASE SIGN AND DATE THIS APPLICATION HERE:

APPLICANT'S SIGNATURE:

DATE (DD/MM/YYYY):

Section 9: FORM OF NOMINATION

(THIS DECLARATION SHOULD BE COMPLETED BY ALL NEW APPLICANTS AGED 16 YEARS AND OVER.)

What is a nomination?

A nomination is an instruction by a member of the Credit Union as to whom that member wishes to nominate the proceeds or property in their account on the death of the member subject to a maximum limit of €23,000. On the member's death, the nominee will become beneficially entitled to the proceeds or property in the account of the member subject to the maximum limit and the said sum will pass to the nominee without the requirement for a Grant of Probate. All sums in excess of the maximum limit of €23,000 shall form part of the deceased member estate. A member who completes a nomination is advised to review that nomination when making a will or in the event of any change to their marital status. The property refers to shares, deposits and insurance proceeds. Please note that a member under the age of 16 cannot make a valid nomination.

NAME (Nominee):

ADDRESS (Nominee):

RELATIONSHIP TO APPLICANT (spouse/son/daughter/other):

I nominate the above named to become entitled to such property in the Credit Union (whether in savings, loans, insurances with the exception of the death benefit rider, if applicable, or otherwise), not exceeding the limit of the amount for the time being authorised by law which I may have at the time of my death. The proceeds, if applicable, of the death benefit rider may be applied by the Credit Union towards my funeral/bereavement expenses and if not so applied shall be paid to the person(s) referred to above.

SIGNED (Applicant):

DATE:

Note: The witness shall NOT be the Nominee.

Should you wish to change your beneficiary details in the future you must complete a new nomination form.

SIGNED (Witness - cannot be the Nominee):

PRINT NAME (Witness):

DATE (DD/MM/YYYY):

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.

PPSN

Your PPS number is requested to comply with Revenue requirements for DIRT reporting. Return of Payments (Bank, 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 Bond holder when a family member of the same household is applying for membership. The 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

Please provide proof of Identification - (certified copy of passport or driving licence) and proof of address (original or certified copy of utility bill or bank statement etc. less than 6 months old)

SECTION 3 - REGULATORY REQUIREMENTS

The Criminal Justice Act, 2010 - 2013 places a statutory obligation on St. Raphael'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. To comply with these requirements, you must provide proof of identification with Date of Birth, Proof of Address and proof of PPSN. Spouses and Civil Partners must provide a copy of their Marriage/Civil Partnership Certificate.

Partners and cohabitants are required to complete a Certificate of Co-habitation Form, which can be found on the St. Raphael's Credit Union website, based on Section 172(2) of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010.

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 4 & SECTION 5 - METHODS OF PAYMENTS

Please select Section 4 OR Section 5.

SECTION 6 - ONLINE & TELEPHONE BANKING

Sign and date this section if you wish to sign up for online and telephone banking.

SECTION 7 - TAX RESIDENCY

PPSN/COUNTRY OF TAX RESIDENCE/TAX IDENTIFICATION NUMBER

*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. For more information on this, please speak to your credit union, contact Revenue at 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.

SECTION 9 - FORM OF NOMINATION

Add nominee details and sign.

CHECKLIST

- 1. **All sections of the application form are completed and signed where necessary** - sections 1, 2, 3, 7 & 8 are mandatory.
- 2. **Current Photo ID with DOB** - (Certified copy of Passport or Driving Licence)
- 3. **Proof of Address** - (Original Utility Bill or Bank Statement etc. less than 6 months old)
- 4. **Proof of PPS Number** - (Certified copy of Drugs Payments Card, EHIC, Tax Credit Cert, P60, Payslip, etc.)
- 5. **Certified Copy of Marriage/Civil Partnership Certificate** - (if Spouse/Civil Partner joining)
- 6. **Proof of Co-Habitation Form** - (if Partner joining) - available on St. Raphael's website.

Return your Application Form to:

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