



1-2 Fox & Geese, Naas Road, Dublin 22. Phone: 0818 24 7 365 or 01-4273900 Email: enquiries@straphaelscu.ie Web: www.straphaelscu.ie

# **NEW MEMBERSHIP - UNDER 16s**

## **SECTION 1 - APPLICANT DETAILS**

Applicant's Name:	
Date of Birth:	Place of Birth

PPS Number:

Mother's Maiden Name:

Home Address:

Eircode:

### **SECTION 2 - INTRODUCER DETAILS**

The introducer must be a member of St Raphael's Garda Credit Union who is an active/retired Garda, Student Garda or Garda Staff member.

Name of Introducer:

Home Address:

Garda Reg/Staff No:

Relationship to Applicant:

Signature of Introducer:

### **SECTION 3 - PARENT OR GUARDIAN DETAILS (SIGNATORY)**

To be completed by the parent/guardian authorised to act on the account. On the signing of this form, **EITHER** signatory shall be authorised to transact on the account subject to the advisory below. Signatories must be existing members and must be a parent/guardian of the minor.

Parent/Guardian 1	Parent/Guardian 2 (Optional)
Name:	Name:
Reg/Membership No:	Reg/Membership No:
Home Address:	Home Address:
Mobile Number:	Mobile Number:
Email:	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. Please see the FAQs for more information.

Parent/Guardian Signature 1:	Parent/Guardian Signature 2:
Date:	Date:
Applicant's Signature (if older than 7 years):	Date:

## **SECTION 4 - DOCUMENTS REQUIRED**

Please provide Certified Copies stamped by a Garda, Certified Public Accountant, Notary, Solicitor, Commissioner of Oaths, Justice of the Peace, or Medical professional using their business brand/stamp with the wording "Certified True Copy of Original Document". Accounts CANNOT be opened until this documentation has been received.

Applicant/Minor	Authorised Signatory(s)		
Birth Certificate or Passport	Current Driver's Licence or Passport		
PPS Number Verification	Proof of Address (dated within 6 months)		
Proof of Address (if different from authorised signatory)			

# **SECTION 5 - ACCOUNT PAYMENTS**

Please complete EITHER Payroll Deductions OR Direct Debit Mandate

Please make a contribution of at least  ${\bf \xi5}$  per week to activate the account.

Payroll Ded	uctions (Dep	partment of Justice only)						
Organisation Name: St. Raphael's Garda Credit Union Limited. I hereby	-	-	lucted each week/month					
from my salary. Please see explanatory notes for more information. Garda Reg/Reserve/Staff No:		Pay Code (Garda Staff only):						
Amount Per Pay Period:		Start Date:						
Print Name:		Date:						
Signature:								
OR								
	Direct Debi	t Mandate						
By signing this mandate form, you authorise St. Raphael's Garda Credi instruction from St. Raphael's Garda Credit Union. <b>Creditor Details:</b> St notes for more information								
Amount: €		IBAN:						
Start Date:		Frequency: Weekly Fortnightly Monthly	One-off Payment					
Print Name 1:		Print Name 2 (if joint account):						
Signature 1:		Signature 2:						
Date:		Date:						
SECT	TION 6 - D	ECLARATIONS						
Is the applicant (minor) tax resident in the Republic of Ireland?			YES: NO:					
If NO, please provide the applicant's Tax Identification Number	er (TIN) & cou	intry of tax residence	YES: NO:					
Country of Tax Residence:		Tax Identification No. (TIN):						
Purpose of the account e.g. savings, budget?								
Source of funding/wealth e.g. salary, inheritance?								
······								
Estimated lodgements into the account per annum?								
I have received and read the Deposit Guarantee Scheme Information Sheet, Data Privacy Notice, European Union (Payment Services) Regulation 2018 sheet and the Explanatory Notes.								
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 the 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.								
Parent/Guardian Signature 1:		Date:						
Parent/Guardian Signature 2 (if applicable):		Date:						
Applicant's Signature (if older than 7 years):		Date:						

# PLEASE FREEPOST YOUR APPLICATION FORM TO:

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

# **EXPLANATORY NOTES**

#### **SECTION 1 - APPLICANT DETAILS**

#### **APPLICANT'S DETAILS**

Please enter the details of the minor (under 16) who is applying for membership. Personal information is sought to comply with current legislative and regulatory requirements.

#### **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 - INTRODUCER DETAILS**

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

The common bond holder must be residing at the same address as the applicant with the exception of parents and grandparents. The Introducer is not entitled to access account information or to transact on the account unless they are also a parent or guardian of the applicant.

#### **SECTION 3 - PARENT OR GUARDIAN DETAILS**

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.

#### **SECTION 4 - DOCUMENTS REQUIRED**

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.

#### **SECTION 5 - ACCOUNT PAYMENTS**

To activate the account, a regular payment of at least €5 must be paid into the account. Please add your details to set up direct debit OR payroll deductions to be lodged into the account.

#### **DIRECT DEBIT**

By signing the direct debit mandate form in section 5, 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

#### **PAYROLL DEDUCTIONS**

#### Organisation Name: St. Raphael's Garda Credit Union Limited.

By completing the payroll deduction form in section 5, you agree that such contributions will be paid to the above named organisation on your behalf. 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. Beyond making remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in the matter. The ultimate responsibility for ensuring that the deductions have in fact been made rest with you, the member.

#### **SECTION 6 - DECLARATIONS**

\*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

#### DATA PROTECTION

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 Data Privacy Notice which is included with this application form.

#### **RETURN YOUR APPLICATION FORM TO:**

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

# MINOR ACCOUNT FAQS

#### WHAT IS A MINOR ACCOUNT?

A Minor Account is an account for children aged under 16, who meet our common bond requirements.

#### WHAT ARE MINOR ACCOUNTS USED FOR?

Minor Accounts are usually opened by parents who wish to lodge funds into an account in their child's name. Over time, the purpose of the account is to encourage our younger members to develop good savings habits. This can be through regular savings from pocket-money or from birthday presents or other gifts e.g. from grandparents etc. Although the accounts are usually opened by the parent, the account is in the minor's name and therefore the minor is the sole beneficiary of any funds in the account.

#### WHO CAN OPEN AN ACCOUNT FOR A MINOR?

Once a child falls within our common bond they are entitled to join and open a Minor Account. Like all family members, minors must be introduced by an 'Introducer'. Furthermore, an authorised signatory is also required to open the account.

#### WHAT IS AN INTRODUCER?

The role of an Introducer is purely to establish that the child meets the common bond requirements of the Credit Union.

If you are a St Raphael's member and belong to one of the below groups, you will be able to introduce your children and grandchildren to the Credit Union:

- Serving member of An Garda Siochána (including student Gardai)
- Retired member of An Garda Síochána
- Serving member of Garda Staff
- Current staff members of St Síochána Garda Credit Union

#### WHAT IS AN AUTHORISED SIGNATORY?

An Authorised Signatory is the person who has full access to the account of the minor and who is authorised to carry out transactions on behalf of the minor up to their 16th birthday. The authorised signatory must be a member of the credit union and must be a parent/guardian of the Minor.

Often the introducer and authorised signatory are the same person but sometimes they might be different. For example, the grandparent might introduce the grandchild to the credit union but the parent, who is also a member, will be the authorised signatory on the account.

Children over the age of 7 may also sign the membership application form.

# WHAT DOCUMENTATION DO I NEED TO OPEN AN ACCOUNT FOR A CHILD?

You will need to complete and return the Minor Accounts Application Form to us and provide the following certified documentation:

- Passport or Birth Certificate of the child;
- Permanent address of the child Parent/Guardian's utility bill / bank statement; and,
- The PPSN of the child Letter from the Social Welfare.

We also require the following two forms of identification for the Authorised Signatory:

- Current valid proof of identity Passport or Driving Licence;
- Current proof of address (Originals only dated within the last 6 months) utility bill or bank statement.

#### WHO OWNS THE MONEY IN THE MINOR ACCOUNT?

All funds held in a Minor Account are the sole property of that child and can only be used for their benefit, regardless of who has funded the account.

No other person, including parents/guardians or any Authorised Signatories on the account is entitled to use this money for the benefit of anyone other than the child. The Credit Union reserves the right to refuse to process any request for a withdrawal of funds from the account.

# WHAT CAN A MINOR ACCOUNT HOLDER AND AN

AUTHORISED SIGNATORY DO ON AN ACCOUNT? Depending on the age of the child, there are certain restrictions on what they can and can't do.

Children aged under 7 years are not permitted to transact on the account. All requests must be made by the Authorised Signatory and must be accompanied by a signed Indemnity Form.

Between the ages of 7 and 16, the Minor Account Holder can withdraw funds and request balance information once they are accompanied by an Authorised Signatory. The Authorised Signatory can transact on the account without the child present once they complete an Indemnity Form.

Once the Minor Account holder turns 16, the Authorised Signatory no longer has any right to withdraw funds, access statements or request information on the account, and the account holder has full and exclusive access to the account.

#### WHAT IS AN INDEMNITY FORM?

This is a form that must be signed by an Authorised Signatory for each withdrawal made on the account. It confirms that the sum being withdrawn will be used exclusively for the benefit of the account holder. It's important to note that the credit union reserves the right to request proof that the funds are for the use and benefit of the Minor Account holder and in

cases where this cannot be provided we reserve the right to refuse to process the withdrawal.

#### MY PARTNER IS THE AUTHORISED SIGNATORY ON THE ACCOUNT. CAN I WITHDRAW FUNDS FROM THE ACCOUNT IF IT'S FOR MY CHILD'S SOLE USE/BENEFIT?

No – only the Minor Account holder and the Authorised Signatory can access the account.

#### I'M NOT A MEMBER OF THE CREDIT UNION, CAN I BE AN AUTHORISED SIGNATORY ON A MINOR ACCOUNT?

No – only members of the credit union are permitted to act as Authorised Signatories.

ARE THERE ANY SAVINGS LIMITS ON A MINOR ACCOUNT?

In line with regulatory limits, the maximum savings that can be held by a credit union member is €100,000 for all accounts.

# WHO CAN REQUEST STATEMENTS OR BALANCE INFORMATION ON A MINOR ACCOUNT?

An Authorised Signatory can request and obtain account statements or balance information once the child is under the age of 16.

No information regarding the account will be provided to anyone other than the account holder and the authorised signatory.

Once the account holder turns 16, the Authorised Signatory will no longer have any rights to request statements or account balances information for this account.

#### WHAT HAPPENS WHEN MY CHILD TURNS 16?

Once your child turns 16, the account is deemed to be an adult account and they have sole authority to transact. The Authorised Signatory no longer has any right to transact or obtain information in relation to these accounts. Under no circumstances will access to an account be provided to a parent or authorised signatory once the child turns 16. Where a parent/guardian is looking to save for a longer-term goal for their child such as future educational needs or perhaps a gift for when they turn 18/21, we recommend that they save for this through their own accounts rather than through a Minor Account as, once you do, you no

longer have any rights to access these funds once the child turns 16.

#### HOW OFTEN WILL STATEMENTS BE ISSUED?

Statements are issued by post to the minor annually.