

Membership Application Form



Section A ID Documents

Under the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 we are obliged to establish and verify the identity of our members. To enable us to fulfil this obligation, we require the following please:

Photo Identity (*Employer ID is not acceptable*)
Original or certified* copy of your passport/driver's licence/public service card with photo, date of birth and signature.

PPS Number
A copy of a document issued by the Revenue Commissioners or Minister for Social and Family Affairs, containing your name, address, PPSN or a recent pay-slip

Proof of place of residence
Most recent utility bill (*no more than 3 months old*)
OR

Copy of your current bank account statement
(*no more than 3 months old*)

*Certified means signed and stamped by an officer of Savvi Credit Union Ltd, member of An Garda Síochána, a Solicitor, an Accountant or GP.

Please tick the box to indicate which type of membership you are applying for: **Sole** **Joint**

Section B Personal Details

First applicant (*primary applicant and preferred contact*)

Gender: Male Female

Title (*e.g Mrs, Miss, Mr, etc.*):

First Name:

Middle Name:

Surname:

Date of birth:

Address:

County/Postal Code:

Country:

Eircode:

PPS Number:

Mobile No.:

Home No.:

Work No.:

Email:

Please indicate your preferred method of contact:

Mobile Home No. Work No. Email

How do you qualify to become a member?

Home address Work address Family

Second applicant (*if applicable*)

Gender: Male Female

Title (*e.g Mrs, Miss, Mr, etc.*):

First Name:

Middle Name:

Surname:

Date of birth:

Address:

County/Postal Code:

Country:

Eircode:

PPS Number:

Mobile No.:

Home No.:

Work No.:

Email:

Please indicate your preferred method of contact:

Mobile Home No. Work No. Email

How do you qualify to become a member?

Home address Work address Family



Need some help with this form?

Call us on 01 - 632 5100 or email us at hello@savvi.ie

Section B Personal Details *(continued)*

First applicant *(primary applicant and preferred contact)*

If you answered 'Work Address' to the previous question, please fill in the below:

Employer: _____ Staff No.: _____

Employer address: _____

If you answered 'Family', please fill in the below:

Family Member Name: _____

Membership No.: _____

Second applicant *(if applicable)*

If you answered 'Work Address' to the previous question, please fill in the below:

Employer: _____ Staff No.: _____

Employer address: _____

If you answered 'Family', please fill in the below:

Family Member Name: _____

Membership No.: _____

Section C Tax Compliance

In accordance with the Foreign Account Tax Compliance Act ('FATCA') and the OECD Common Reporting Standard ('CRS'), Savvi Credit Union Ltd may be required to report certain account holder details to the Irish Revenue Commissioners who may, in turn, share this information with tax authorities in the relevant jurisdictions. Please note that Savvi Credit Union Ltd does not provide tax advice and will not be liable for any errors contained in the self-certification form. If you have any questions about FATCA/CRS you should contact your tax advisor or the Irish Revenue Commissioners.

First applicant *(primary applicant and preferred contact)*

In what country(ies) are you a tax resident?

Are you a US citizen? Yes No

If you answered **Yes** to the above question, please include the United States as one of the countries below;

Jurisdiction of Tax Residence: _____

TRN*: _____

Jurisdiction of Tax Residence: _____

TRN*: _____

Jurisdiction of Tax Residence: _____

TRN*: _____

*TRN (Tax Reference Number)

Second applicant *(if any)*

In what country(ies) are you a tax resident?

Are you a US citizen? Yes No

If you answered **Yes** to the above question, please include the United States as one of the countries below;

Jurisdiction of Tax Residence: _____

TRN*: _____

Jurisdiction of Tax Residence: _____

TRN*: _____

Jurisdiction of Tax Residence: _____

TRN*: _____

*TRN (Tax Reference Number)

Section D Security Questions

If you ring the Credit Union looking for information on your account, we will ask a question to ensure the best protection and security of your information. Please complete the questions below by inserting your answer in the box.

First applicant *(primary applicant and preferred contact)*

Mother's maiden name? _____

The name of your first pet? _____

In which city/town was your first job? _____

Second applicant *(if applicable)*

Mother's maiden name? _____

The name of your first pet? _____

In which city/town was your first job? _____

Section E Signature

I hereby apply for membership and I agree to abide by the rules and the decisions of the Board of the Directors of Savvi Credit Union Ltd. I declare that the information given by me on this form is true and correct to the best of my knowledge (A copy of the Savvi Credit Union Ltd rules can be obtained by contacting the Credit Union).

Signature of First Applicant:

Date: / /

Signature of Second Applicant:

Date: / /

Section F Consent

Consent to use and disclosure/Data Protection Acts, 1988 and 2003 and Section 71 of the Credit Union Act, 1997

Data Protection Statement

By signing and submitting this membership application form, you acknowledge that your Personal Data (as defined in the Data Protection Acts 1988 and 2003, as may be amended from time, and from 25 May 2018 the General Data Protection Regulation ["Data Protection Law"]) will be processed by Savvi Credit Union Ltd. (the "Credit Union") for the purposes of administering your accounts and assessing any applications you make; and that such processing is necessitated by your membership of the Credit Union.

We may disclose your Personal Data to third parties such as our service providers, regulators such as the Central Bank (for example where required by the Credit Reporting Act 2013) and/or the Irish League of Credit Unions (for example for the purpose of fulfilling our requirements under the Savings Protection Scheme (if such a scheme is operated by the Irish League of Credit Unions on behalf of the Credit Union)).

We will retain your Personal Data for the duration of your membership of the Credit Union and in accordance with the Data Protection Law and our other regulatory obligations. For further information on your data protection rights, including the right to access Personal Data held about you by the Credit Union, to correct any inaccuracies in such data or to complain to the Office of the Data Protection Commissioner, and/or to access our data protection policy, please visit our website at www.savvi.ie. For matters in relation to data protection please contact hello@savvi.ie.

Under Section 71 of the Credit Union Act, 1997, the Credit Union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without your consent, any information that concerns any of your accounts or transactions with the Credit Union.

Consent

I also acknowledge that the Credit Union may Process my sensitive personal data (as defined in Data Protection Law) in accordance with the Credit Union's data protection policy, including but not limited to health data, and I hereby give my explicit consent to such processing.

Section G Communication

From time to time, the Credit Union may use your details to inform you of our services, products and competitions. The use of your details for marketing purposes will depend on the boxes you tick below:

First applicant (primary applicant and preferred contact)

Post Yes No

Text Message Yes No

Email Yes No

Phone Yes No

How did you hear about Savvi Credit Union?

Website Online advertisement

Posters (please specify where)

From a Savvi CU member

Other (please specify):

From time to time the Credit Union may also wish to use your details to enable third parties selected by the Credit Union to provide you with their services, products and competitions.

Please tick below if you would like to receive marketing communications from third parties selected by the Credit Union: Yes No

Second applicant (if applicable)

Post Yes No

Text Message Yes No

Email Yes No

Phone Yes No

How did you hear about Savvi Credit Union?

Website Online advertisement

Posters (please specify where)

From a Savvi CU member

Other (please specify):

From time to time the Credit Union may also wish to use your details to enable third parties selected by the Credit Union to provide you with their services, products and competitions.

Please tick below if you would like to receive marketing communications from third parties selected by the Credit Union: Yes No

Section H Consent and Declaration

Signature of First Applicant:

Date: / /

Signature of Second Applicant:

Date: / /

Section I Confirmation

This section is to be completed by an existing Credit Union member when proposing a family member.

I hereby confirm that the applicant is a member of my family and I propose that he/she becomes a member of Savvi Credit Union Ltd as per the rules of the Credit Union.

Signature of CU Member:

Membership No.:

Relationship to Applicant:

PLEASE COMPLETE THE RELEVANT SECTION BELOW; If you are applying for Sole Membership, please fill out Section J. If you are applying for Joint Membership, please fill out Section K.

Section J Nomination

I (applicant name):

Nominate* (name):

Mobile No.:

Email address:

Relationship to Member:

Nominate* (name):

Mobile No.:

Email address:

Relationship to member:

Nominate* (name):

Mobile No.:

Email address:

Relationship to Member:

**As the person(s) who shall become the beneficiary of my Credit Union property following my death. (Property includes shares or other accounts containing credit balances and Insurance proceeds (net of any outstanding loans) and not exceeding the limit of the amount authorised by the law at that time).*

Applicant Signature:

Date: / /

Section K Joint Account Mandate

WARNINGS

Payments from a Joint Account will only be made in accordance with the latest signing instructions governing the operation of the Joint Account.

If your signing instructions are that payments can be made from a Joint Account on the signature of any one of the Joint Account holders, money in the Joint Account may be withdrawn or paid without the knowledge of the other Joint Account holders.

Notwithstanding any dispute between Joint Account Holders, we will continue to apply the existing signing instructions until we receive new written instructions signed by all of the Joint Account Holders.

Where the Board of Directors is satisfied, after considering medical evidence, that an account holder who is responsible for the operation of the account is incapable by reason of a mental or physical condition to manage and administer the property in the account, the responsibility shall pass to the other account holder.

Withdrawals

The account holders authorised to withdraw monies from this Joint Account are: (please tick as appropriate)

Either one of us Both of us (jointly)

Signature of First Applicant:

Print Name:

Date: / /

If you require further information as to what this means for you, you may wish to obtain independent legal advice.

We hereby agree that this mandate shall remain in full force and effect until an amending mandate shall be communicated to the Credit Union under our joint signatures.

Signature of Second Applicant:

Print Name:

Date: / /

Office Use Only

Member No.:

Account No.:

Opened By:

Date:

Checked By:

Date:

Common Bond Eligibility?

Yes

No

If yes, how?