

APPLICATION FOR MEMBERSHIP

(Please complete all sections in BLOCK CAPITALS)



Health Services Staffs
Credit Union

Membership No. (office use):

Mr. Mrs. Miss Other
Specify:

Male Female

Section 1: Personal Details

Surname:

First Name(s):

Home address:

Length of time at this address:

Living with parents: Homeowner:

Tenant: Other Specify:

Marital status:

If less than 3 years at this address please indicate previous home address:

Nationality:

Country of birth:

Day time contact number:

Date of birth:

Mobile number:

PPSN:

Email:

Section 2: Employment Details

Employee: Self employed:

Homemaker: Retired: Not currently employed: Student: Other Specify:

Employers Name:

Occupation:

Employers Address:

Section 3: Other Details

Are you or have you been a member of any other Credit Unions(s): YES NO

List of those credit unions:

I hereby apply for membership of Health Services Staffs Credit Union Ltd. and agree to abide by its rules. I declare that the information given by me on this form is true and correct to the best of my knowledge.

Applicant's Signature:

Date:

Or

In the event that my application for membership is in respect of a person who is unable to give receipts

I/We hereby apply for membership in the name of the said and I/We acknowledge that all shares/deposits arising from this membership now and here after shall be his/her sole property and all withdrawals shall be applied to his/her sole benefit.

Signed:

Parent(s) Guardian(s) Other

Date:

Section 4: CONSENT TO USE AND DISCLOSURE/DATA PROTECTION ACTS, 1988 AND 2003 AND SECTION 71 OF THE CREDIT UNION ACT, 1997



Health Services Staffs
Credit Union

In order to be eligible to join Health Services Staffs Credit Union Limited you must agree to the terms and conditions of membership including the 'consent to use and disclosure' form below.

I understand that under the Data Protection Acts, 1988 and 2003 (the "DPA"), my consent may be required for the Credit Union to process personal data that it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data, such as data about my health, within the meaning of the DPA, the processing of which requires my explicit consent.

I also understand that 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 my consent, any information that concerns an account or transaction of mine with the Credit Union.

For the purpose of assessing my application for membership, assessing any loan applications which I may make to you and generally for administering and monitoring any accounts I have with the Credit Union, including any loan accounts I have from time to time with you:

I consent:

- (i) to you seeking information concerning applications for loans and my credit history from the date of my original consent from any credit union and for that purpose you may disclose any relevant information in any loan application which I may make to you or which you may have concerning me to any such credit union;

- (ii) to any credit union disclosing information to you concerning applications for loans and my credit history from the date of my original consent with any such credit union;
- (iii) to you disclosing any information in any application (including loan applications) or in respect of any account or transaction of mine with the Credit Union from the date of my original consent to officers or employees of the Irish League of Credit Unions for the purpose of fulfilling our requirements and under the Savings Protection Scheme if such a scheme is operated on behalf of the Credit Union by the Irish League of Credit Unions; and
- (iv) to the processing of any information relating to me, either contained in this form or any other form or application, for the purpose of assessing applications and administering any accounts I maintain with the Credit Union.

Please note that you have the right to access personal data held about you by the Credit Union and to correct any inaccuracies in such data.

X Applicant's Signature:

Date:

APPLICANTS JOINING AS A FAMILY MEMBER OF A MEMBER WITHIN THE COMMON BOND
For further information on common bond see page 2

Name of Health Services Staffs Credit Union member to whom you are related:

Relationship: His/her Credit Union No:

METHOD OF PAYMENT Payroll deduction* Direct Debit Manual payments

*Where in operation, for further details contact your salary department or the credit union

E-Notice and Opt-In Marketing Section (optional)

Email address:

I consent to receive the following documents to my personal email address listed above
Annual General Meeting Notices, Special / Extraordinary General Meeting Notices, Transfer of Engagements Section 130 Notices, and other regulatory notices which may occur from time to time.

I consent to receive marketing and promotional material to my personal email address listed above, such as:
Newsletters, ezines, product and services updates including promotional information, prize draw and other competitions run from time to time and the results, etc.

X Applicant's Signature: Date:

NOTE: You can opt out at anytime by clicking "unsubscribe" in the email.

Section 5: Compliance Information

Required under Criminal Justice Anti Money Laundering and Terrorist Financing Acts 2010/2013.

Beneficial Owner - I declare that as the account holder I am the beneficial owner of the funds held in this account.

Business Relationship (Reason for opening account) - I acknowledge the reason for opening an account with Health Services Staffs Credit Union Limited is to avail of the current and future services of the credit union such as Savings, Loans.

Politically Exposed Person - Are you or a member of your immediate family a Politically Exposed Person as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010? Yes No

If yes please give further information:

Signed:

Date:

Tax Residency for the purposes of the Common Reporting Standard

If you are tax resident in another country, please provide your Tax Identification Number ("TIN") and Country of Tax Residence:

1. TIN*

Country of Tax Residence*

2. TIN*

Country of Tax Residence*

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

Signed:

Date:

If you are not tax resident in another country, please sign the following:

I wish to declare that I am not resident for Tax purposes in any other country, that the above information given by me is true and correct and I will promptly notify the credit union of any changes in the information I have provided.

Signed:

Date:

* Mandatory Field

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 as required by the Data Protection Acts 1988 & 2003. Only data that is legally required to be reported will be provided to the Revenue Commissioners. For more information on this, please contact your credit union, Revenue at aeoi.revenue.ie or see <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

A once off Membership fee of €1.27 will be charged to your account.

Health Services Staffs Credit Union Limited is regulated by the Central Bank of Ireland



Health Services Staffs
Credit Union

Opt into our Member Prize Draw and you could WIN

Member Prize Draw (optional)

Do you wish to be included in the prize draw (€2.75 per month): YES NO

Applicant's Signature:

Date:

- €20,000 first prize every month
- 10 runners up will win €1,000 each every month!
- At Christmas we have a big prize draw where hundreds of winners will win €500 each.

See full Terms & Conditions on our website www.hsscu.ie

Terms & conditions: The cost of the draw is currently €2.75 per month and the fee is deducted from your shares. The cost of entry may change. Members will be notified in advance should this happen. Names & workplace of winners are advertised. Members whose accounts are in arrears and a provision is required will not have the Member Prize Draw fee deducted until the arrears are rectified. A minimum balance of €52.75 should be maintained in a member's share account before the Member Prize Draw deduction will be taken. To unsubscribe from the car draw the credit union must be notified in writing.



SIMPLE STEPS TO BECOME A MEMBER



Health Services Staffs
Credit Union

**NOTE: INCOMPLETE APPLICATIONS OR MISSING PAPERWORK
WILL DELAY IN THE PROCESSING OF YOUR APPLICATION**

1. COMPLETE YOUR MEMBER APPLICATION

Please ensure you have completed all sections 1-5 of the form and that you have signed in all the 4 required places marked **X** Plus sign the 2 optional areas of Marketing and Member Prize Draw and sign if you wish to opt-in.

2. ATTACH THE FOLLOWING

Evidence of identification – Photographic Identification

A PHOTOCOPY OF 2 FORMS OF IDENTIFICATION such as:

- Photocopy of a valid* Passport Photocopy of a valid* Driver's Licence
 Photocopy of a valid* Work ID

Name(s) and photograph on each piece of identification must match applicant

*VALID – Current and In Date

Evidence of Address verification – Proof of address

1 PHOTOCOPY OF ADDRESS VERIFICATION – One of the following:

- Photocopy of recent** Utility Bill Photocopy of recent** Bank Statement
 Photocopy of recent** Government Issued Documentation

Name(s) on address verification must match applicant

**Recent within the last 3 months

Evidence of PPSN

1 PHOTOCOPY OF ONE of the following:

- Photocopy of recent** Payslip Photocopy of P60
 Photocopy of Drug Payments Card

Method of payment

SELECT ONE OF THE FOLLOWING appropriate for you:

- Payroll deduction – COMPLETED DEDUCTION SLIP AND A Photocopy of recent** payslip
 Direct Debit – COMPLETED SEPA DIRECT DEBIT MANDATE, DIRECT DEBIT SET UP & CHANGE FORM AND A Photocopy of bank statement direct debit will be called (Name on Bank account must match applicant)
 Manual – Call to office with original paperwork to be verified

Freepost

- SEND THE COMPLETED FORM AND PAPERWORK BACK VIA FREEPOST:
PO Box 448, City North Business Park, Tuam road, Galway.

PLEASE ENSURE ALL COPIES ARE CLEAR AND LEGIBLE

For assistance in completing your application please contact the office or email newmembers@hsscu.ie

FOR OFFICE USE ONLY

Evidence of identification Evidence of Address verification Evidence of PPSN Form completed correctly

Risk Profile updated on system

Type:

Signed:

APPLICATION UPDATED ON SYSTEM

Signed:

Date:

Health Services Staffs Credit Union Limited is regulated by the Central Bank of Ireland



Health Services Staffs
Credit Union

Registered Office
5 High Street, Christchurch, Dublin 8.
D08X7T1,
Branches listed on www.hsscu.ie.