

This information is being sought for the purposes of meeting our reporting obligations under the Common Reporting Standard (CRS), as provided for by Section 891F of the Taxes Consolidation Act 1997. The information is required to be reported under the CRS includes name, address, TIN, account number, account balance and payments on the account. This is provided to the Revenue Commissioners and may be exchanged with another Competent Tax Authority in your country of tax residence. Only data that is legally required to be reported will be provided to the Revenue Commissioners. Further information on the CRS and reporting obligations can be found at [www.revenue.ie](http://www.revenue.ie) or you can contact Revenue directly at [aeoi@revenue.ie](mailto:aeoi@revenue.ie)

## COMPLIANCE INFORMATION

**Required under Criminal Justice Anti Money Laundering and Terrorist Financing Acts 2010, as amended**

### Beneficial Owner:

As Parent/Guardian of the Minor, I acknowledge that all shares arising from this membership now and hereafter shall be the sole property of

and all withdrawals shall be applied to their sole benefit.

Signature of Parent/Guardian:

Date:

**Purpose of the Account:** Savings ☐

Other (please specify)

**Source of Funds:** Gifts ☐ Parent/Guardian's Salary ☐

Other (please specify)

### Politically Exposed Person:

Are you or a member of your immediate family a Politically Exposed Person\* or closely associated to one? Yes ☐ No ☐

If yes, please give further information:

\* A politically exposed person is a person who holds or has held within the previous year a prominent public position (e.g. supreme court judge, government minister etc). If you are uncertain as to your status please discuss with the credit union.

**Please attach the following to your application: ✓ the box**

- ☐ Copy of Minor's Birth Certificate (if unavailable, a passport copy may be used providing the Parent/Guardian is a HSSCU member and their surname matches that of the Minor).
- ☐ Certified copy of Parent/Guardian's photo identification e.g. valid passport or driver's license.
- ☐ Copy of a recent utility bill (Phone/Gas/Electricity, etc.) OR a recent bank statement in the **name of the Parent/Guardian**.
- ☐ Proof of Minor's PPSN.
- ☐ If Minor has a Guardian; a copy of the legal guardianship declaration.

### For office use only: Documents attached:

Minor's' Birth Cert.

Drivers Licence/Passport

Utility Bill

Proof of PPSN

**Membership Approved** Yes ☐ No ☐

Membership Officer:

Entered to Board Minutes



*Health Services Staffs*  
**Credit Union**

**Registered Office:**

5 High Street, Christchurch, Dublin 8, D08X7T1

Tel: 01 677 8648 or Lo Call 1890 677 864

email: [info@hsscu.ie](mailto:info@hsscu.ie)

[www.hsscu.ie](http://www.hsscu.ie)

**#putsUfirst**



2021: Version 1.

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



*Health Services Staffs*  
**Credit Union**

# Junior MEMBERSHIP FORM

**Groovy  
Giraffes** 12-15



**Cheeky  
Monkeys** 0-5

**Terrific  
Tigers** 6-11



# Application for Membership (Junior)

No.(office use only)

First Name:

Surname:

Male/Female:

Address:

Date of Birth:

Nationality:

PPSN:

## WITHDRAWALS AND OPERATION OF MINOR ACCOUNTS

### I understand that:

- only I, the Parent/Guardian as signed below, is permitted to access funds on behalf of and for the benefit of the above mentioned Minor.
- the Minor may withdraw funds, subject to the withdrawal form being co-signed by me as parent/guardian, who is opening this account with and/or on behalf of the Minor.
- this authorisation is allowed only up to the Minor's 16th birthday, after which time the Minor will have sole authority to access funds from this account. All other authorisations will lapse.
- the provisions of this mandate do not prevent the credit union from refusing to proceed with a transaction, where there is a reasonable legal or financial reason to do so.

### I acknowledge that:

- I have read the rules of operation of Minor accounts within the HSSCU (found at [www.hsscu.ie/savings/junior-accounts/](http://www.hsscu.ie/savings/junior-accounts/)) and agree to abide by same.
- I understand the limitations of my authority to transact on the account and will operate any transactions to the terms of the mandate and/or rules of the credit union.
- the funds in this account are the sole property of the above named Minor and I undertake in transacting on behalf of the Minor child to apply such funds for their sole benefit.



Signed (Parent/Guardian):

Print Name:

Contact telephone:

Address (if different to Minor):

Date:

## APPLICANT'S SIGNATURE

Name of member to whom you are related:

Relationship with the member:

Their Credit Union No:

I hereby apply for membership of Health Services Staffs Credit Union Limited 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:

## IF APPLICANT IS UNABLE TO SIGN

I hereby apply for membership in the name of

I declare that the details given on this are true and correct to the best of my knowledge.

Signature of Parent/Guardian:

Date:



## GDPR – HOW WE PROCESS YOUR DATA

Under General Data Protection Regulation, we are required to tell you how and why we collect your personal information. We process your personal information for the following purposes:

- To open and maintain your account;
- To make sure we do things correctly under the rules of the credit union and the law;
- To get in touch with you and your parents/legal guardians when we need to.
- As parent/guardian opening the account: for the purpose of processing the mandate and the general maintenance, monitoring and administration of the Minor account, to which you are authorised.

You have the right to access personal information held about you by the credit union and to correct any information that is incorrect.

Please take time to read the privacy notice of HSSCU which outlines how and why we handle your personal information, a copy of which is available at [www.hsscu.ie/privacy/](http://www.hsscu.ie/privacy/). You can also access a copy in any of our branches.

## TAX RESIDENCY FOR THE PURPOSES OF THE COMMON REPORTING STANDARD

Are you tax resident in Ireland? Yes ☐ No ☐

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\*

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.

Signature (of Minor or Parent/Guardian on behalf of Minor)

Date: