



Health Services Staffs
Credit Union

APPLICATION FOR MEMBERSHIP FORM

Join us...
We're Nationwide



www.hsscu.ie

#putsUfirst

Registered Office: 5 High Street, Christchurch, Dublin 8, D08X7T1
01 677 8648 or Lo Call 1890 677 864 info@hsscu.ie
Branches listed on www.hsscu.ie

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

Make
Memories

Common Bond for Membership Application

To qualify for membership the applicant must satisfy the criteria as set out in our common bond below:

- Employees, retirees and trainees, resident within the State, of the Health Services
- Executive, Voluntary and Private Hospitals, Clinics and Practices providing direct healthcare.
- And, employees of centres providing healthcare to the disabled
- And, those members who are members on the 7th of December 2015
- And, persons, resident in the State, who are undertaking a degree in general nursing, psychiatric nursing, paediatrics or midwifery
- And, employees, resident in the State, of the Health Services Staffs Credit Union Limited
- And, members and employees of the Law Library, employees of the Court Services and those employees of Hayes DX that work for the Court Services.
- And, persons residing and employed within the following area. The area runs a line alongside the Southside of the Liffey from the junction of South Circular Road and Conyngham Road to Watling Street Bridge. Here, it crosses the Liffey and runs along Watling Street, Crane Street and Bellevue until it meets Marrowbone Lane at the junction of Summer Street. Turn right along Marrowbone Lane to the junction with Cork Street and Dolphins Barn across Dolphins Barn Bridge where it turns right down Dolphin Road and Suir Road where it meets again with the South Circular Road back to Conyngham Road.
- All those living and working in the common bond of Ranelagh Credit Union
- And, full-time employees of Valero Energy (Ireland) Limited and its affiliated companies serving in Ireland and such temporary or non-established employees as the Board may from time to time decide and Pensioners of Texaco (Ireland) Limited, Chevron (Ireland) Limited and its affiliated companies, Pensioners of Valero Energy (Ireland) Limited and all those who were members of Texaco Credit Union Ltd. on 13 April 1991
- Persons of employment within C.I.E. who were members prior to the termination of employment in C.I.E. Cork City.
- Employees of Unilever Ireland and their families.
- Persons of employees resident or employed within the province of Munster, and Eircom and An Post or any wholly owned subsidiary of Eircom and An Post, and employees resident or employed within the province of Munster companies:
 - Vodafone Ireland Ltd
 - NTL Irish Networks Ltd
 - Three Ireland Ltd
 - Meteor Mobile Communications
 - Phonewatch
 - Golden Pages
 - One Direct
 - National Lottery
- Also included are family members of a current member. "Family Members" include, husband, wife, civil partners, son, daughter, parents, brother, sister, half-brother, halfsister, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, uncle, aunt, nephew, niece and first cousin.

All applicants must be resident within the State



Health Services Staffs
Credit Union

- Nationwide
- Almost 50,000 members
- Over €300 million in assets
- Full Online Access – CUOnline
- Fingerprint account login with CUAnywhere
- Very Competitive Loan Rates
- Christmas Savings' Accounts
- Payroll Deduction*
- Direct Debits
- Electronic Money Transfer
- Join online option
- Over €800,000 in prizes each year**
- Betty Noone Memorial Bursary
- Higher Education Scholarship
- Death Benefit Insurance of €3,250
- And loads more...

*Where in operation. **based on 2018.

Once your account is opened you can take control of your account:

- Register at **www.hsscu.ie** for an online account
- Download the cuAnywhere app for use on mobile devices
- View your statements online
- Transfer money to your bank account
- Pay into your credit union account using your debit card
- Apply for loans online
- Register for TouchID and you will be able to access your HSSCU account using your fingerprint* on your device

*on smart devices only

For more information contact us on

01 6778648 or from

outside Dublin Lo Call

1890 677 864

(charged at local call rates)



Email us info@hsscu.ie

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: GDPR - CONSENT TO USE AND PROCESS YOUR PERSONAL DATA



Health Services Staffs
Credit Union

In order to be eligible to join Health Services Staffs Credit Union Ltd you must agree to the terms and conditions of membership. Under General Data Protection Regulation, we are required to inform you of how and why we process your personal data.

We process your personal data for the purpose of assessing your application for membership, assessing any loan applications which you may make, and the general maintenance, monitoring and administration of any accounts you have with HSSCU Ltd.,

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

Please take time to read the privacy notice of HSSCU which outlines how and why we process your personal data. A copy is available for you at www.hsscu.ie/privacy/

I consent to the processing of my personal data for these purposes and acknowledge the availability of the Privacy Statement for my information.



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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.



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

Tax Resident in Ireland

I wish to declare that I am not a 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.

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

Signed:

Date:

Tax Resident in another country (outside Ireland)

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:

* 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](http://www.aei.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.

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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	<input type="checkbox"/>	Evidence of Address verification	<input type="checkbox"/>
Evidence of PPSN	<input type="checkbox"/>	Form completed correctly	<input type="checkbox"/>
Risk Profile updated on system	<input type="checkbox"/>	Type: <input type="text"/>	Signed: <input type="text"/>
APPLICATION UPDATED ON SYSTEM	<input type="checkbox"/>	Signed: <input type="text"/>	Date: <input type="text"/>

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