



For You

NURSES



For You

POSTAL WORKERS



For You

BUS DRIVERS



For You

PARAMEDICS



Health Services Staffs
Credit Union

APPLICATION FOR MEMBERSHIP FORM

Join us...We're Nationwide



For You

HOUSEHOLD STAFF



For You

CATERING STAFF



For You

DOCTORS



For You

TELEPHONISTS



For You

TRAIN DRIVERS



For You

ADMIN STAFF

Made By Our Members

Registered Office: 5 High Street, Christchurch, Dublin 8, D08X7T1

01 677 8648 or Lo Call 0818 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



www.hsscu.ie

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 James St. area (see Map @ www.hsscu.ie/commonbond).
- o 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 Marrowbow 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.
- 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 or employees resident or employed within the province of Munster of 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:
 - o Vodafone Ireland Ltd
 - o NTL Irish Networks Ltd
 - o Three Ireland Ltd
 - o Éir
 - o Phonewatch
 - o Golden Pages
 - o One Direct
 - o National Lottery
- 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.
- Employees in C.I.E. Galway and Pensioners, who were members prior to retirement, of C.I.E. Galway and their families.
- Broadstone C.I.E. Employees Credit Union Ltd. That the member be either (a) a permanent employee of C.I.E. Broadstone or (b) a casual employee of C.I.E. Broadstone with a minimum of two years' service.
- C.I.E. Employees Dundalk Credit Union Ltd. Of regular employees of Coras Iompar Éireann in the Dundalk area, the area being that under the jurisdiction of the District Manager of the entire Dundalk Area, as at 28/11/1968; and employees of C.I.E. Employees Dundalk Credit Union Ltd.
- Connolly C.I.E. Credit Union Ltd. Of employees and pensioners, who were members of the credit union prior to their retirement of Iarnród Éireann (Irish Rail), Eastern region, Eastern Region being:
 - o The pay centre at Connolly station;
 - o The department of Running, Traffic, Mechanical Rail Engineer, Shop Grades and Salaries;
 - o The stations of Drogheda, Laytown, Mosney, Gormanstown, Balbriggan, Skerries, Rush & Lusk, Donabate, Portmarnock, Malahide, Howth, Sutton, Bayside, Howth Junction, Kilbarrack, Raheny, Harmonstown, Killester, Connolly, Tara Street, Pearse, Lansdowne, Sandymount, Sydney Parade, Booterstown, Blackrock, Seapoint, Salthill, Dun Laoghaire, Sandycove, Glenageary, Dalkey, Killiney, Shankhill, Bray;
 - o The depots of North Wall, Inchicore, Heuston Station, Fairview and staff of C.I.E. based in Heuston Station, Oriel and Abbey Street.
- All those living, working and studying in the common bond of Ranelagh & District Credit Union
- o Membership shall be limited to and consist of the signatories to the application to register the Credit Union and other such persons having the common bond of residence with the area bounded by the following roads Charleston Road, Ranelagh Road, Dartmount Road, Upper Leeson Street, Morehampton Road, Marlborough Road, Merrion Road, Cowper Gardens, Palmerston Road, Cowper Road and Belgrave Square as have been elected members in accordance with the provisions of this Article and comply with such other rules as relate to membership and including, if otherwise qualified, such other persons as were members of the unincorporated body known as Ranelagh & District Credit Union immediately before the date on which such body secured registration as Ranelagh & District Credit Union.
- Limerick C.I.E. Employees Credit Union Ltd. who were members prior to retirement, of C.I.E. Limerick and their families.
- Jim Larkin Credit Union Ltd. You must be a member of SIPTU (The Services, Industrial, Professional and Technical Union).
- Also included are family members of a current member. The definition of family is defined within the Credit Union Act 1997, as amended. "Family Members" include, husband, wife, civil partners, cohabitant, son, daughter, step-son, step-daughter, parents, brother, sister, half-brother, half-sister, step brother, step sister, 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.
- Persons, who do not fulfil the above criteria, may at the discretion of the Board of Directors be allowed to join the Health Services Staffs Credit Union Limited.

All applicants must be resident within the State

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:

(We will use this email address to communicate with you on operational or regulatory matters)

Section 2: Employment Details

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

Employee: ☐ Self employed: ☐

Employers Name:

Occupation:

Employers Address:

Section 3: Other Details

Your Credit Union is here to support you if you need support with decision-making in line with the Assisted Decision making (Capacity) Act.

Do you have a decision-making arrangement with Decision Support Services? YES ☐ NO ☐

To find out more about the Decision Support Service, please visit, www.decisionsupportservice.ie if you have any questions in relation to DSS you can contact them on 01 2119750. If you do not have an arrangement with the DSS but still require support you can contact us on 01 677 8648 or email us at info@hsscu.ie.

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 – PRIVACY NOTICE AND PROCESSING OF 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 understand that HSSCU process my personal data for the purposes outlined above, and acknowledge the availability of the Privacy Notice 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:

SOURCE OF FUNDING

Source of funding: Salary/Self-employed ☐ Social welfare ☐ Rental/Investment income ☐
Savings from other financial institution ☐ Other ☐

Expected transactions Activity & Frequency: (Eg. Payroll monthly)

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

Email address:

Where we have been supplied with an email address for communication, we will send you the Annual General Meeting notices and Annual Report by email. If you would prefer to receive a paper version of the Annual Report, please tick the box. ☐

I consent to receive marketing and promotional material to my personal email address, 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. ☐

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



Applicant's Signature:

Date:

Section 5: Compliance Information

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

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 ☐

***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.*

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 resident in the Republic of Ireland for tax purposes**, 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:

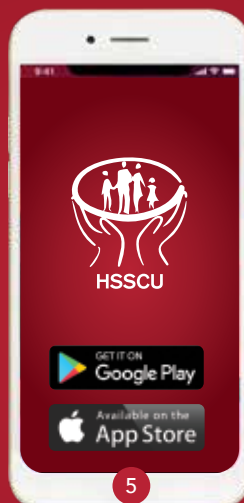
* Mandatory Field

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 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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'HSSCU' APP



DOWNLOAD TODAY



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
(We are unable to accept the Public Services Card as a form of identification)

*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. Original document should have been received in the post.

Alternatively, please forward two online statements/bills, dated within the last six months, from two different providers.

**Recent within the last 6 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:
HSSCU NEW MEMBERS, PO BOX NO. 10900, JAMES ST., DUBLIN 8

***We understand that because of your circumstances, that you may not have access to standard documents e.g. if you are seeking asylum or have recently been granted refugee status. Please speak with us on the alternatives we can accept.

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:

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