



BDS CREDIT UNION LTD
 8 Main Street, Saintfield, BT24 7AA
 Tel: 028 97511 295

APPLICATION FOR MEMBERSHIP

APPLICANT NAME			
DATE OF BIRTH	PHONE LANDLINE	PHONE MOBILE	
ADDRESS			
OCCUPATION			
PURPOSE OF THE ACCOUNT			
I confirm that the account is for my own personal use and benefit		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you ticked No above, please specify the beneficial owner of the account:			
Politically Exposed Person (PEP) ¹		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Related to or a close associate of a PEP		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I hereby apply for membership and agree to abide by the rules of this Credit Union and declare that the information given by me on this Form is true and correct to the best of my knowledge and belief.			
I authorise you:			
<ul style="list-style-type: none"> • to open the account in my name; and • to process the information I have provided with you for the purposes of maintaining my account. 			
Signature of applicant:		<input style="width: 150px; height: 20px;" type="text"/>	Date: <input style="width: 150px; height: 20px;" type="text"/>

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*	<input style="width: 90%; height: 15px;" type="text"/>
Country of Tax Residence*	<input style="width: 90%; height: 15px;" type="text"/>
2.TIN*	<input style="width: 90%; height: 15px;" type="text"/>
Country of Tax Residence*	<input style="width: 90%; height: 15px;" type="text"/>

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:

Applicant Signature..... 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, and that if my circumstances change, I will notify the credit union:

Applicant Signature..... Date:

***Mandatory Field**

****This information is being sought for the purposes of reporting obligations under the Common Reporting Standard (CRS), as provided for by the International Tax Compliance Regulations 2015. 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 HMRC 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 data protection legislation. Only data that is legally required to be reported will be provided to the HMRC. For more information on this, please speak to your credit union or see <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>**

¹ **Politically Exposed Person (PEP)** is defined under Regulation 35(14) of the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 as an individual who is entrusted with a prominent public function, other than as a middle ranking or more junior official e.g. Heads of State or of government, ministers (including deputy or assistants), members of parliament or devolved legislative bodies including the Northern Ireland Assembly, senior government, judicial or military officials, senior executives of state owned corporations or international organisations and members of the governing bodies of political parties. Please also declare if you are a family member (spouse or civil partner of the children of the PEP and the spouses or civil partners of the PEP's children; parents of the PEP); or close associate of a PEP. If you are uncertain as to your status please discuss with the credit union. This information is requested for the purpose of compliance with the credit union's obligations under anti-money laundering and terrorist financing legislation.

Financial Services Compensation Scheme Information Sheet and Exclusions List Declaration

Please tick the box below to confirm the following:

I acknowledge receipt of the Information Sheet and Exclusion List

Accounting Opening Privacy Notice

Please take time to read the account opening privacy notice of the credit union which outlines how and why we process your personal data. A copy is available for you to take away. Please ask a member of staff for further information.

Receipt of obligatory notices by email



There are certain notices that credit unions are obliged to provide from time to time. Please provide your email address if you would like to receive these obligatory, **non-marketing** communications by email (for example notice of the Annual General Meeting). This will assist the Credit Union in reducing its carbon foot print and will also reduce costs.

Email address:	
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Please note that we maintain the right to contact members by such means as best available to us in relation to a non-performing loan or outstanding debt to the credit union, including by text or email.

Your Marketing Preferences



As part of improving our service to you, from time to time, we would like to inform you of goods, services, competitions and/or promotional offers available from us. We may wish to use different means when sending such marketing communications. Please now indicate by which methods, **if any**, you consent to being contacted by ticking **Yes** to each method of communication below-

	Yes
Post	<input type="checkbox"/>
Email	<input type="checkbox"/>
Text	<input type="checkbox"/>
Landline call	<input type="checkbox"/>
Mobile call	<input type="checkbox"/>

Signature of applicant

Date:

You have a right to notify us free of charge at any time of your right to refuse such marketing by writing to us or by using the "opt-out" options in any marketing message we send you.

Please contact us directly should you wish to change or withdraw your consent.

THIS SECTION TO BE COMPLETED BY THE CREDIT UNION

Evidence of Identification (copies must be attached) (Complete at least one of the following)	Evidence of Address Verification (copies must be attached) (Complete at least one of the following)
Current Valid Passport <input type="checkbox"/>	Current Utility Bill (e.g. Gas/Electricity Bill) <input type="checkbox"/>
Current Valid Driving Licence <input type="checkbox"/>	Official document from a Government Body <input type="checkbox"/>
National Identity Card <input type="checkbox"/>	Original Bank/Building Society Statement <input type="checkbox"/>
Birth Certificate <input type="checkbox"/>	Council Document <input type="checkbox"/>
(for a minor/or evidence of name change only)	Current Insurance Document
Other* <input type="checkbox"/>	(e.g. House / Motor Insurance)
Please specify	Other <input type="checkbox"/>
	*Please specify
	(in genuine cases where the above cannot be presented)

For Credit Union Office Use Only

Application approved and details verified in accordance with the Standard Rules for Northern Ireland

Approved by	
Signature	
Position	(Membership Committee)
Date:	
Book Number:	