

## APPLICATION FOR MEMBERSHIP (ADULT NI) - DOWNPATRICK CREDIT UNION LIMITED

**NAME:** ..... **MEMBER NO:** .....  
**ADDRESS:** ..... **DATE OF BIRTH** .....  
..... **HOME TEL:** .....  
**POSTCODE:** ..... **MOBILE TEL:** .....  
**OCCUPATION:** ..... **EMAIL:** .....

I hereby apply for membership of and agree to abide by the rules of Downpatrick Credit Union Limited, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief and that I am not or have not been a member of any credit union other than those listed below.

State the names of any other credit unions of which you are or have been a member.

.....  
.....

Purpose of the Account

**I confirm that the account is for my own personal use and benefit** **Yes/No**

If you ticked **No** above, please specify the beneficial owner of the account .....

<b>Politically Exposed Person (PEP) <sup>1</sup></b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Related to or a close associate of a PEP</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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It is important that you read and understand our Privacy Notice with this application form.

I authorise you:

- To open the account in my name; and
- To process the information I have provided you with for the purposes of maintaining my account with us.

**Applicant's Signature:** ..... **Date:** .....

**Print Name:** .....

Approved: ..... Date: .....

Book Number: .....

<sup>1</sup> **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.

**FSCS 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**  (Please Tick)

<b>Member Signature</b>		<b>Date</b>	
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**Account Opening Privacy Notice**

Please take time to read the account opening privacy notice of the credit union which outline how and why we process your personal data. A copy is available for you to take away and you can access the privacy notice at any time on [www.downpatrickcu.com](http://www.downpatrickcu.com)

Please tick to confirm that you have received a copy of our account opening privacy notice  (Please Tick)

<b>Member Signature</b>		<b>Date</b>	
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**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.



<b>Email address:</b>	
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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

**For official use only**

**Evidence of Identification** (Copies must be attached)  
(Complete at least one of the following)

- Current Valid Passport
- Current Valid Driving Licence
- National Identity Card
- Birth Certificate (for a minor/or evidence of name change only)
- Other\*
- \*Please specify.....

**Evidence of Address Verification**  
(Complete at least one of the following)

- |                          |  |                          |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Current Utility Bill (e.g. Gas/Electricity Bill)                               | <input type="checkbox"/> |
| <input type="checkbox"/> | Official document from a Government Body                                       | <input type="checkbox"/> |
| <input type="checkbox"/> | Original Recent Bank/Building Society Statement                                | <input type="checkbox"/> |
| <input type="checkbox"/> | Local Authority Document (e.g. Refuse Collection Bill)                         | <input type="checkbox"/> |
| <input type="checkbox"/> | Current Insurance Document (e.g. House/Car Insurance)                          | <input type="checkbox"/> |
|                          | Other*   | <input type="checkbox"/> |
|                          | *Please specify<br>(i.e. in genuine cases where the above cannot be presented) |                          |
|                          | .....  |                          |

Application approved and details verified in accordance with the standard rules by:

Signed: ..... Date: .....  
(Membership Committee)



## Correspondence

For convenience, it may be necessary for the Credit Union to contact you via email or text message. Please note the credit union maintains the right to contact you by such means as best available to it in relation to a non-performing loan or outstanding debt to the credit union.

<b>Email address:</b>		<b>Mobile No:</b>	
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### Your Marketing Preferences

As part of improving 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
<b>Post</b>	<input type="checkbox"/>
<b>Email</b>	<input type="checkbox"/>
<b>Text</b>	<input type="checkbox"/>
<b>Landline call</b>	<input type="checkbox"/>
<b>Mobile call</b>	<input type="checkbox"/>

<b>Member Signature</b>		<b>Date</b>	
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You have the right to notify us free of charge at any time of your right to refuse such marketing by writing to Downpatrick Credit Union 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.

### Photograph: Legitimate Interest

I the above member give consent for my photograph to be taken and held in my best interest for safety and security measures, on file at Downpatrick Credit Union for the duration of my membership.

Please tick to confirm

<b>Member Signature</b>		<b>Date</b>	
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Please contact us directly should you wish to change or withdraw photograph consent