



**DROMARA & DRUMGOOLAND CREDIT UNION LIMITED  
APPLICATION TO OPEN ACCOUNT FOR A PERSON  
TOO YOUNG TO BE A MEMBER**

Book Number \_\_\_\_\_

**Minor Applicant Information**

Name:

Date of birth: DD MM YYYY

Current address:

City/Town:	County:	Postcode:
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**Parent / Guardian Information**

Name:

Date of birth: DD MM YYYY

Current address:

Telephone:

City/Town:	County:	Postcode:
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For and on behalf of the first-name person I,..... the parent/guardian of the said .....hereby apply to open an account in the name of the said .....and I agree to abide by the rules of Dromara & Drumgooland Credit Union Limited regarding such account and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

**Signature of Parent/Guardian:**

**Date:**

It is important that you read and understand the section entitled Your Information with this application form.

I (Minor) .....aged.....years hereby confirm the above application and I wish to open an account in Dromara & Drumgooland Credit Union Limited.

- 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.

**Signature of minor (If aged over 7\*):**

**Date:**

**N.B. - Rule 18 of Standard Rules for Credit Unions (Northern Ireland) reads:**  
18. Two months before a minor depositor attains the age of 16 the credit union shall serve upon him and his signing parent or guardian a notice requiring the minor on attaining that age either to withdraw the balance of the account or to join the credit union so that the balance can be transferred to shareholding in his name in the credit union; if the minor depositor takes no action he shall be deemed to have applied for membership of the credit union and after deduction of the normal fee on joining, the balance shall be transferred to shareholding in his name. The transferring minor will not be permitted to transact as a member until he has complied in full with Rule 6 (3) and Rule 7.  
**\* If minor is aged under 7 the parent / guardian must sign on their behalf.**

## **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*	
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:

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

..... 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:

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

..... 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 the Data Protection Act 1998. 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>**

**Please note: If you are a tax resident in another country, you have 90 days from the date of opening this account to supply us with your Tax Identification Number, otherwise the account status will change.**

### **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 sign to confirm receipt of this privacy notice \_\_\_\_\_

## 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:

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.

**Evidence of Identification (Juvenile)** (Copies must be attached) (Complete at least one of the following, ID must be in date)

- Current Valid Passport
- Long Birth Certificate

**Evidence of Identification (Parent / Guardian)** (Copies must be attached) (Complete at least one of the following, ID must be in date)

- Current Valid Passport
- Current Valid Driving Licence
- National Identity Card

**Evidence of Address Verification (Parent/ Guardian)** (Copies must be attached) (Complete at least one of the following, within the last **3 months** from today's date)

- Current Utility Bill (e.g. Gas/Electricity Bill)
- Official document from a Government Body
- Original Recent Bank/Building Society Statement
- Local Authority Document (e.g. Refuse Collection Bill)
- Current Insurance Document (e.g. House/Motor Insurance)
- Other\*

\*Please specify (i.e. in genuine cases where the above cannot be presented)

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### ***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:

DD MM YYYY

