



## Section 1. ID Documents

Under the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 we are obliged to establish and verify the identity of our members. To enable us to fulfil this obligation, we require a copy of the following please:

### Photo Identity (Employer ID is not acceptable)

Passport or Driver's licence with photo, date of birth and signature.

### PPS Number

Evidence of your PPS number viable on a document from Revenue, A payslip, Medical Card / Drug Payments Card etc.

### Proof of place of residence

Most recent utility bill (no more than 3 months old)

OR

### Copy of your current bank account statement

(no more than 3 months old)

\*Please note we cannot accept the Public Services Card for photo ID or proof of PPS number

Please tick the box to indicate which type of membership you are applying for:  Sole  Joint

## Section 2. Personal Details

### First Applicant (primary applicant and preferred contact)

Gender:  Male  Female  Other

Title (e.g Mrs, Miss, Mr, etc.): \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

Employment Status: \_\_\_\_\_

Employer: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Home No.: \_\_\_\_\_

Email: \_\_\_\_\_

### Second Applicant (if applicable)

Gender:  Male  Female  Other

Title (e.g Mrs, Miss, Mr, etc.): \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

Employment Status: \_\_\_\_\_

Employer: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Home No.: \_\_\_\_\_

Email: \_\_\_\_\_

### How do you qualify to become a member? Please tick the appropriate box

- Member or retired member of TUI
- Member or retired member of IFUT
- Non-teaching staff second/third level colleges/schools (Special Needs Assistants etc.)
- Administration staff of an Education Training Board
- Student Teacher
- Family members of all the above.  
\*if joining as a family member please state their name: \_\_\_\_\_ Member No: \_\_\_\_\_ Relationship \_\_\_\_\_
- Other  
\*please state how you can become a member \_\_\_\_\_

## Section 3. Anti-Money Laundering & Tax Compliance information

### Anti-Money Laundering

I hereby apply for membership of and agree to abide by the rules of the Teachers' Union of Ireland Credit Union. The information given by me on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information given by me in connection with my application for or my membership with the credit union may result in termination of my membership, apart from any other legal sanctions that may apply.

### Source of Funds/ Wealth

First Applicant: \_\_\_\_\_

Second Applicant: \_\_\_\_\_

### Purpose of the Account

First Applicant: \_\_\_\_\_

Second Applicant: \_\_\_\_\_

### Expected Monthly Lodgement

First Applicant: \_\_\_\_\_

Second Applicant: \_\_\_\_\_

### Business Relationship (Reason for opening account)

I/ we confirm that the reason for opening this account is to avail of current and future services of the credit union such as savings and loans.  Yes  No

### 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) (Amendment) Act, 2021?

First Applicant:  Yes  No      Second Applicant:  Yes  No

If yes please give further information: \_\_\_\_\_

### Tax

In accordance with the Foreign Account Tax Compliance Act ('FATCA') and the OECD Common Reporting Standard ('CRS'), Teachers' Union of Ireland Credit Union Ltd may be required to report certain account holder details to the Irish Revenue Commissioners who may, in turn, share this information with tax authorities in the relevant jurisdictions. Please note that Teachers' Union of Ireland Credit Union Ltd does not provide tax advice and will not be liable for any errors contained in the self-certification form. If you have any questions about FATCA/CRS you should contact your tax advisor or the Irish Revenue Commissioners.

#### First Applicant *(primary applicant and preferred contact)*

In what country(ies) are you a tax resident?

Are you a US citizen?  Yes  No

If you answered Yes to the above question, please include the United States as one of the countries below:

Jurisdiction of Tax Residence: \_\_\_\_\_

TRN\*: \_\_\_\_\_

Jurisdiction of Tax Residence: \_\_\_\_\_

TRN\*: \_\_\_\_\_

Jurisdiction of Tax Residence: \_\_\_\_\_

TRN\*: \_\_\_\_\_

\*TRN (Tax Reference Number)

#### Second Applicant *(if any)*

In what country(ies) are you a tax resident?

Are you a US citizen?  Yes  No

If you answered Yes to the above question, please include the United States as one of the countries below:

Jurisdiction of Tax Residence: \_\_\_\_\_

TRN\*: \_\_\_\_\_

Jurisdiction of Tax Residence: \_\_\_\_\_

TRN\*: \_\_\_\_\_

Jurisdiction of Tax Residence: \_\_\_\_\_

TRN\*: \_\_\_\_\_

\*TRN (Tax Reference Number)

First Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Second Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 4. Deposit Guarantee Scheme & PSD2 Framework Contract

Please download the Depositor Information Sheet and the PSD2 Framework Contract from our website. If you would like us to post a copy of this information sheet to you, please request one from us by phone or email.

**Tel:** 01 4266060 **Email:** info@tuicu.ie **Web:** www.tuicu.ie

**Please tick the box to confirm the following:** I acknowledge receipt of the Depositor Information Sheet

First Applicant  Second Applicant

**Please tick the box to confirm the following:** I acknowledge receipt of the PSD2 Framework Contract

First Applicant  Second Applicant

## Section 5. Consent

### Consent to use and disclosure/Data Protection Acts, 1988 and 2003 and Section 71 of the Credit Union Act, 1997

#### Data Protection Statement

By signing and submitting this membership application form, you acknowledge that your Personal Data (as defined in the Data Protection Acts 1988 and 2003, as may be amended from time, and from 25 May 2018 the General Data Protection Regulation ["Data Protection Law"]) will be processed by Teachers' Union of Ireland Credit Union Ltd. (the "Credit Union") for the purposes of administering your accounts and assessing any applications you make; and that such processing is necessitated by your membership of the Credit Union.

We may disclose your Personal Data to third parties such as our service providers, regulators such as the Central Bank (for example where required by the Credit Reporting Act 2013) and/or the Irish League of Credit Unions (for example for the purpose of fulfilling our requirements under the Savings Protection Scheme if such a scheme is operated by the Irish League of Credit Unions on behalf of the Credit Union).

We will retain your Personal Data for the duration of your membership of the Credit Union and in accordance with the Data Protection Law and our other regulatory obligations.

For further information on your data protection rights, including the right to access Personal Data held about you by the Credit Union, to correct any inaccuracies in such data or to complain to the Office of the Data Protection Commissioner, and/or to access our data protection policy, please visit our website at [www.tuicu.ie](http://www.tuicu.ie). For matters in relation to data protection please contact [info@tuicu.ie](mailto:info@tuicu.ie).

Under Section 71 of the Credit Union Act, 1997, the Credit Union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without your consent, any information that concerns any of your accounts or transactions with the Credit Union.

#### Consent

I also acknowledge that the Credit Union may Process my sensitive personal data (as defined in Data Protection Law) in accordance with the Credit Union's data protection policy, including but not limited to health data, and I hereby give my explicit consent to such processing.

First Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Second Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 6. Communications & Alerts from your Credit Union

### Marketing

As part of improving our service to you, from time to time, the Credit Union would like to inform you of goods, services, competitions and or/ promotional offers available from us. The Credit Union may wish to use different means when sending such marketing communications. Please now indicate by which methods you consent to being contacted by.

	Yes	No
Post:	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>
Text/SMS:	<input type="checkbox"/>	<input type="checkbox"/>
Mobile call:	<input type="checkbox"/>	<input type="checkbox"/>

You have a right to notify us free of charge at any time if you wish to refuse such marketing by writing to **TUI Credit Union, No 8 The Exchange, Calmount Park, Ballymount, Dublin 12** or by emailing the credit union at [info@tuicu.ie](mailto:info@tuicu.ie). Please contact us directly should you wish to change or withdraw your consent.

First Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Second Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Online Banking

Do you wish to receive a PIN for online banking with TUI Credit Union?

First Applicant:  Yes  No

Email: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Second Applicant\*:  Yes  No

Email: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

**\*Please note the second named person on the account will need to enter a 'J' after the membership number when logging in**

Each year we are required by law to send all members an annual statements and Annual General Meeting (AGM) booklet. The AGM booklet contains notice of our meeting and also gives details of our financial accounts. Please tick below your preferred option below:

E- Statement  Yes  No

E-AGM  Yes  No

**PLEASE COMPLETE THE RELEVANT SECTION BELOW; If you are applying for Sole Membership, please fill out Section 7. If you are applying for Joint Membership, please fill out Section 8.**

## Section 7. Nomination

I (applicant name): \_\_\_\_\_

Nominate\* (name): \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Nominate\* (name): \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Nominate\* (name): \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

\*As the person(s) who shall become the beneficiary of my Credit Union property following my death. (Property includes shares or other accounts containing credit balances and Insurance proceeds (net of any outstanding loans) and not exceeding the limit of the amount authorised by the law at that time).

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please note the witness cannot be a person you have nominated**

## Section 8. Joint Account Mandate

### Warning

Payments from a Joint Account will only be made in accordance with the latest signing instructions governing the operation of the Joint Account.

If your signing instructions are that payments can be made from a Joint Account on the signature of any one of the Joint Account holders, money in the Joint Account may be withdrawn or paid without the knowledge of the other Joint Account holders.

Notwithstanding any dispute between Joint Account Holders, we will continue to apply the existing signing instructions until we receive new written instructions signed by all of the Joint Account Holders.

Where the Board of Directors is satisfied, after considering medical evidence, that an account holder who is responsible for the operation of the account is incapable by reason of a mental or physical condition to manage and administer the property in the account, the responsibility shall pass to the other account holder.

### Withdrawals

The account holders authorised to withdraw monies from this Joint Account are: (please tick as appropriate) (please note that if both signatories are required online banking will be restricted).

Either one of us       Both of us (jointly)

If you require further information as to what this means for you, you may wish to obtain independent legal advice.

We hereby agree that this mandate shall remain in full force and effect until an amending mandate shall be communicated to the Credit Union under our joint signatures.

Signature of First Applicant:

Print Name:

Date:

Signature of Second Applicant:

Print Name:

Date:

### Office Use Only

Member No.:

Account No.:

Opened By:

Date:

Checked By:

Date:

Common Bond Eligibility?     Yes     No

If yes, how?

## OPENING HOURS

Monday 09:00 – 17:00

Tuesday 09:00 – 17:00

Wednesday 09:00 – 17:00

Thursday 09:00 – 17:00

Friday 09:00 – 17:00



No 8 The Exchange, Calmount Park, Ballymount, Dublin 12, D12 W354  
01-4266060 [info@tuicu.ie](mailto:info@tuicu.ie) [www.tuicu.ie](http://www.tuicu.ie)



Teachers' Union of Ireland Credit Union is regulated by the Central Bank of Ireland.