

Membership Application Form



Section A 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 an **original or certified*** 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**
A copy of a document issued by the Revenue Commissioners or Minister for Social and Family Affairs, containing your name, address, PPSN or a recent pay-slip

- 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*)
- *Certified means signed and stamped by an officer of Savvi Credit Union Ltd, member of An Garda Síochána, a Solicitor, an Accountant or GP.*

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

Section B Personal Details

First applicant (*primary applicant and preferred contact*)

Gender: Male Female

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

First Name:

Middle Name:

Surname:

Date of birth:

Address:

County/Postal Code:

Country:

Eircode:

PPS Number:

Mobile No.:

Home No.:

Work No.:

Email:

Please indicate your preferred method of contact:

Mobile Home No. Work No. Email

How do you qualify to become a member?

Home address Work address Family

Second applicant (*if applicable*)

Gender: Male Female

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

First Name:

Middle Name:

Surname:

Date of birth:

Address:

County/Postal Code:

Country:

Eircode:

PPS Number:

Mobile No.:

Home No.:

Work No.:

Email:

Please indicate your preferred method of contact:

Mobile Home No. Work No. Email

How do you qualify to become a member?

Home address Work address Family



Need some help with this form?

Call us on 01 - 632 5100 or email us at hello@savvi.ie

Section B Personal Details *(continued)*

First applicant *(primary applicant and preferred contact)*

If you answered 'Work Address' to the previous question, please fill in the below:

Employer: _____ Staff No.: _____

Employer address: _____

If you answered 'Family', please fill in the below:

Family Member Name: _____

Membership No.: _____

Second applicant *(if applicable)*

If you answered 'Work Address' to the previous question, please fill in the below:

Employer: _____ Staff No.: _____

Employer address: _____

If you answered 'Family', please fill in the below:

Family Member Name: _____

Membership No.: _____

Section C Tax Compliance

In accordance with the Foreign Account Tax Compliance Act ('FATCA') and the OECD Common Reporting Standard ('CRS'), Savvi 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 Savvi 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)

Section D Security Questions

If you ring the Credit Union looking for information on your account, we will ask a question to ensure the best protection and security of your information. Please complete the questions below by inserting your answer in the box.

First applicant *(primary applicant and preferred contact)*

Mother's maiden name? _____

The name of your first pet? _____

In which city/town was your first job? _____

Second applicant *(if applicable)*

Mother's maiden name? _____

The name of your first pet? _____

In which city/town was your first job? _____

Section E Signature

I hereby apply for membership and I agree to abide by the rules and the decisions of the Board of the Directors of Savvi Credit Union Ltd. I declare that the information given by me on this form is true and correct to the best of my knowledge (A copy of the Savvi Credit Union Ltd rules can be obtained by contacting the Credit Union).

Signature of First Applicant:

Date: / /

Signature of Second Applicant:

Date: / /

Section F 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 Savvi 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.savvi.ie. For matters in relation to data protection please contact hello@savvi.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.

Section G Communication

From time to time, the Credit Union may use your details to inform you of our services, products and competitions. The use of your details for marketing purposes will depend on the boxes you tick below:

First applicant *(primary applicant and preferred contact)*

Post Yes No

Text Message Yes No

Email Yes No

Phone Yes No

How did you hear about Savvi Credit Union?

Website Online advertisement

Posters *(please specify where)*

From a Savvi CU member

Other *(please specify):*

From time to time the Credit Union may also wish to use your details to enable third parties selected by the Credit Union to provide you with their services, products and competitions.

Please tick below if you would like to receive marketing communications from third parties selected by the Credit Union: Yes No

Second applicant *(if applicable)*

Post Yes No

Text Message Yes No

Email Yes No

Phone Yes No

How did you hear about Savvi Credit Union?

Website Online advertisement

Posters *(please specify where)*

From a Savvi CU member

Other *(please specify):*

From time to time the Credit Union may also wish to use your details to enable third parties selected by the Credit Union to provide you with their services, products and competitions.

Please tick below if you would like to receive marketing communications from third parties selected by the Credit Union: Yes No

Section H Consent and Declaration

Signature of First Applicant:

Date: / /

Signature of Second Applicant:

Date: / /

Section I Confirmation

This section is only required to be completed by an existing Credit Union member when proposing a family member.

I hereby confirm that the applicant is a member of my family and I propose that he/she becomes a member of Savvi Credit Union Ltd as per the rules of the Credit Union.

Signature of CU Member:

Membership No.:

Relationship to Applicant:

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

Section J Nomination

I (applicant name):

Nominate* (name):

Mobile No.:

Email address:

Relationship to Member:

Nominate* (name):

Mobile No.:

Email address:

Relationship to member:

Nominate* (name):

Mobile No.:

Email 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 Signature:

Date: / /

Section K Joint Account Mandate

WARNINGS

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)*

Either one of us Both of us (jointly)

Signature of First Applicant:

Print Name:

Date: / /

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 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?

Deposit Guarantee Scheme



Section A Information

Basic Information about the protection of your eligible deposits

Eligible deposits in Savvi Credit Union Ltd are protected by:	The Deposit Guarantee Scheme (DGS) ^[1]
Limit of Protection:	€100,000 per depositor per credit institution ^[2]
If you have more eligible deposits at the credit institution:	All your eligible deposits at the same credit institution are 'aggregated' and the total is subject to the limit of €100,000 ^[2]
If you have a joint account with other person(s):	The limit of €100,000 applies to each depositor separately ^[3]
Reimbursement period in case of credit institution's failure:	20 working days ^[4]
Currency of reimbursement	Euro or, for branches of Irish Banks operating in another member state of the EEA, the currency of that member state
To contact Savvi Credit Union Ltd for enquiries relating to your account:	Savvi Credit Union Ltd 27/28 Herbert Place Dublin 2 Telephone: 01 632 5100 Email: hello@savvi.ie
To contact the DGS for further information on compensation:	Depositor Guarantee Scheme Central Bank of Ireland PO Box 11517 Spencer Dock North Wall Quay, Dublin 1 Telephone: 1890 777 777 Email: info@depositguarantee.ie
More information:	www.depositguarantee.ie
Acknowledgement of receipt by the depositor:	Signed: _____ (Applicant) Signed: _____ (2 nd applicant - in the case of a Joint Membership Parent/Guardian - in the case of a Junior Member Application)

Section B Additional Information

^[1] **Scheme responsible for the protection of your deposit**

Your deposit is covered by a statutory deposit guarantee scheme. If insolvency should occur, your eligible deposits would be repaid up to €100,000.

^[2] **General limit of protection**

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by the DGS. This repayment covers at maximum €100,000 per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100,000.

^[3] **Limit of protection for joint accounts**

In the case of joint accounts, the limit of €100,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of €100,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above €100,000 up to a limit of €1,000,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits relating to certain events which include:

- a) certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential property by the depositor;
- b) sums paid to the depositor in respect of insurance benefits, personal injuries (a claim for compensation for personal injury is not subject to the limit of €1 million for 6 months after that amount has been credited), disability and incapacity benefits, wrongful, conviction, unfair dismissal, redundancy, and retirement benefits;
- c) the depositor's marriage, judicial separation, dissolution of civil partnership, and divorce;
- d) sums paid to the depositor in respect of benefits payable on death; claims for compensation in respect of a persons death or a legacy or distribution from the estate of a deceased person;
- e) where it is held in an account on behalf of a depositor in his or her capacity as personal representative of a deceased person for the purpose of realising and administering the deceased estate.

More information can be obtained at www.depositguarantee.ie

^[4] **Reimbursement**

The responsible deposit guarantee scheme is:

Deposit Guarantee Scheme, Central Bank of Ireland, PO Box 11517, Spencer Dock, North Wall Quay, Dublin 1.

Tel: 1890-777777. Email: info@depositguarantee.ie Website: www.depositguarantee.ie

It will repay your eligible deposits (up to €100,000) within 20 working days until 31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 days from 1 January 2024 onwards, save where specific exceptions apply.

Where the repayable amount cannot be made available within seven working days depositors will be given access to an appropriate amount of their covered deposits to cover the cost of living within five working days of a request. Access to the appropriate amount will only be made on the basis of data provided by the credit institution. If you have not been repaid within these deadlines, you should contact the deposit guarantee scheme.

Further information can be obtained under www.depositguarantee.ie

Other Important Information.

In general, all retail depositors and businesses are covered by the Deposit Guarantee Scheme. Exceptions for certain deposits as stated on the website of the Deposit Guarantee Scheme. Your credit institution will also inform you on request whether certain products are covered or not. If deposits are eligible, the credit institution shall also confirm this on the statement of account.