

# Membership Application Form



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

## Section A ID Documents

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 to 2021 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:

**1 Photo Identity** *(Employer ID is not acceptable)*

Passport or Driver's licence

**2 Proof of place of residence**

Utility bill or Bank account statement *(no more than 6 months old)*

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

## Section B Personal Details

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

First Name:

Surname:

Date of birth:

Address:

Eircode:

Mobile No.:

Home No.:

Email:

### Second Applicant *(if applicable)*

First Name:

Surname:

Date of birth:

Address:

Eircode:

Mobile No.:

Home No.:

Email:

#### How do you qualify to become a member?

- Home address  
*live in Dublin 1, 2 or 4\**
- Work address  
*work for ESB or for a company based in Dublin 1, 2 or 4*
- Family member

*\* Please note that not all of Dublin 1, 2 or 4 qualifies  
- we will confirm once you provide your home or work address*

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Need some help with this form?

Call us on 01 - 632 5100 or email us at [hello@savvi.ie](mailto:hello@savvi.ie)

## Section B Personal Details *(continued)*

### First Applicant

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

Employer:

Staff No. *(for ESB employees only)*

Employer address:

Please complete all 4 questions below:

Occupation:

Source of wealth - where do the funds used to open this account come from? *(e.g. salary/pension, savings)*

Source of funds - where will the funds lodged to this account come from? *(e.g. salary/pension)*

Who will be the beneficial owner of this account?  
- a beneficial owner is a person who owns or controls more than 25% of the funds in the account *(e.g. self)*

### Second Applicant *(if applicable)*

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

Employer:

Staff No. *(for ESB employees only)*

Employer address:

Please complete all 4 questions below:

Occupation:

Source of wealth - where do the funds used to open this account come from? *(e.g. salary/pension, savings)*

Source of funds - where will the funds lodged to this account come from? *(e.g. salary/pension)*

Who will be the beneficial owner of this account?  
- a beneficial owner is a person who owns or controls more than 25% of the funds in the account *(e.g. self)*

The reason I am opening an account is to avail of current and future services of Savvi credit union such as Savings, Loans.

Signature of First Applicant:

Signature of Second Applicant: *(if applicable)*

## 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

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

Are you a US citizen?  Yes  No

### Second Applicant *(if applicable)*

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

Are you a US citizen?  Yes  No

## Section C Tax Compliance *(continued)*

If you answered Yes to the previous 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)*

If you answered Yes to the previous 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

Mother's maiden name?

In which city/town was your first job?

### Second Applicant *(if applicable)*

Mother's maiden name?

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: *(if applicable)*

Date:        /        /

## Section F Data Protection

Use of your personal data - **Data Protection Act 2018**

### Data Protection Statement

As a member-owned and cooperative institution Savvi Credit Union strives to provide a safe place for our members to save and borrow at reasonable rates. We extend our ethos to protecting your personal information. We make the following commitments.

**We will;**

- process your personal information in a lawful, fair and transparent manner
- not send you marketing emails if you do not want to receive them
- always ensure that we only share your Personal Data with third parties where necessary and only after thorough third-party due diligence
- ensure appropriate technical and organisational measures are in place to protect your Personal Data and keep it secure

## Section F Data Protection *(continued)*

Our Data Protection Statement seeks to ensure that you know:

- what Personal Data we collect from you
- what we are doing with your Personal Data
- that we will only use your Personal Data for the purposes set out in our Data Protection Statement
- your rights, and how to exercise control over your Personal Data

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 please see our data protection policy which is made available on our website at [www.savvi.ie](http://www.savvi.ie).

For matters in relation to data protection please contact [dpo@savvi.ie](mailto:dpo@savvi.ie).

## Section G Communication

From time to time savvi credit union will need to communicate with you as a member. You have choices as to how and when we communicate with you which are outlined below.

### First Applicant

#### Annual statement and notice of Savvi Credit Union AGM

When we have a valid email address on file for you, savvi credit union will send the annual statement and agm notice to you via email unless you instruct us otherwise.

I prefer to receive my annual statement by post

#### Preferred method of contact

Savvi Credit Union may need to contact you from time to time for the purpose of delivery of our services. Please indicate your preferred contact method below. If you do not indicate a preference we will default to email.

Mobile  Home  Work  Email

#### Marketing communications

Savvi Credit Union would like to email you from time to time with information about our Products and services, for example special rates or new products. We will only communicate when it is relevant and we will not communicate any third-party offers to you. You can opt-out below and you will also be able to opt-out at any time from receiving these emails.

I wish to opt-out from receiving Marketing communications from Savvi Credit Union

### Second Applicant *(if applicable)*

#### Annual statement and notice of Savvi Credit Union AGM

When we have a valid email address on file for you, savvi credit union will send the annual statement and agm notice to you via email unless you instruct us otherwise.

I prefer to receive my annual statement by post

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## Section H 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 existing member:

Membership No.:

Relationship to Applicant:

**PLEASE COMPLETE THE RELEVANT SECTION BELOW:**

Section I for sole accounts and Section J for joint accounts.

## Section I Sole Account-Nomination

If more than one nominee, the balance will be split equally.

If you wish to nominate more than 2 persons, please contact the Credit Union for further advice.

I (*applicant name*):

### Nominated Person no. 1

Nominate\* (*name*):

Address:

Mobile No.:

Email address:

Relationship to Member:

### Nominated person no.2

Nominate\* (*name*):

Address:

Mobile No.:

Email address:

Relationship to member:

\* As the person(s) who shall receive my Credit Union property following my death. Property includes shares, other accounts containing credit balances, and insurance proceeds (net of any outstanding loans). The maximum amount that can be paid to the nominee(s) is currently €23,000.

Applicant Signature:

Date:        /        /



## Section J 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 First Applicant:

Print Name:

Date:        /        /

## Section K Checklist

Please check and tick off the list below to ensure you have everything completed:

- 1. Photo ID and Proof of Address
- 2. Signed all sections where applicable
- 3. Signed and attached the Deposit Guarantee Scheme form
- 4. Proof of work address e.g. pay-slip, if that's how you qualify for membership

### Office Use Only

Member 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)<sup>[1]</sup>

Limit of Protection:

€100,000 per depositor per credit institution<sup>[2]</sup>

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<sup>[2]</sup>

If you have a joint account with other person(s):

The limit of €100,000 applies to each depositor separately<sup>[3]</sup>

Reimbursement period in case of credit institution's failure:

10 working days<sup>[4]</sup>

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  
56 Sir John Rogerson's Quay  
Dublin 2  
Telephone: 01 632 5100  
Email: [hello@savvi.ie](mailto: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](mailto:info@depositguarantee.ie)

More information:

[www.depositguarantee.ie](http://www.depositguarantee.ie)

Acknowledgement of receipt by the depositor:

**Signed:**

*(Applicant)*

**Signed:**

*(2nd applicant - in the case of a Joint Membership  
Parent/Guardian - in the case of a Junior Member Application)*

## Section B Additional Information

### <sup>[1]</sup> **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.

### <sup>[2]</sup> **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.

### <sup>[3]</sup> **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) 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) 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) c) the depositor’s marriage, judicial separation, dissolution of civil partnership, and divorce;
- d) 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) 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](http://www.depositguarantee.ie)

### <sup>[4]</sup> **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](mailto:info@depositguarantee.ie) Website: [www.depositguarantee.ie](http://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](http://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.