

Joint Membership Application Form



Section A ID Documents

We need to confirm the identity of every person applying for membership. To do this, we need an original or certified* copy for each applicant:

1. **Photo ID** - a valid Passport or Driver's Licence (please note: Employer ID cards aren't accepted).
2. **Proof of Address** - a recent utility bill or bank statement (dated within the last 6 months).

*A certified copy means the copy has been signed and stamped by a Savvi Credit Union staff member or volunteer, a Garda, solicitor, accountant, or GP.

If you can't provide originals or certified copies, we need a copy of two different forms of photo identification and two different forms of proof of address for each applicant. We need this information to meet legal requirements under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 to 2021.

Section B Personal Details

| First Applicant (primary applicant and preferred contact) | Second Applicant |
|---|-------------------------|
| First Name: | First Name: |
| Surname: | Surname: |
| Date of Birth: | Date of Birth: |
| Country of Birth: | Country of Birth: |
| Nationality: | Nationality: |
| PPS Number*: | PPS Number*: |
| Address: | Address: |
| | |
| | |
| Eircode: | Eircode: |
| Mobile Number: | Mobile Number: |
| Home Number: | Home Number: |
| Email: | Email: |

We will communicate updates about our products and services, and you can opt out at any time.

*Your PPS number is collected for revenue reporting. It's optional for membership, but required if you apply for a loan with Savvi Credit Union Ltd.



Need some help with this form?

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

Section B **Personal Details** (continued)

Employment Status:

Occupation:

Employer:

Staff Number (for ESB employees only):

Employer Address:

Employment Status:

Occupation:

Employer:

Staff Number (for ESB employees only):

Employer Address:

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

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

† Not all of Dublin 1, 2, or 4 qualifies. Eligibility will be confirmed once we receive your home or work address.

Please complete all 4 questions below:

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

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)

Are you a Politically Exposed Person (PEP)**:

Please complete all 4 questions below:

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

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)

Are you a Politically Exposed Person (PEP)**:

**A PEP is an individual, or an immediate family member, or a close associate of an individual who has held a prominent public function at any time in the preceding 12 months.

Section C Tax Compliance

Under the Common Reporting Standard (CRS), Savvi Credit Union Ltd is required to obtain and hold certain account information about each member's country(ies) of tax residence and Tax Identification Numbers (TINs) where applicable. If you are resident outside of Ireland, we may be legally required to report certain information about your account to the Revenue Commissioners, which may be securely shared with tax authorities in your country of tax residence. Reportable information includes your name, address, TIN, account number, balance, and payments. If you are unsure of your tax residency status, you should seek independent tax advice.

For more information see www.savvi.ie/common-reporting-standard or Exchange of information (revenue.ie).

| First Applicant | Second Applicant |
|--|--|
| In what country(ies) are you a tax resident? <input type="text"/> | In what country(ies) are you a tax resident? <input type="text"/> |
| If you are tax resident outside of Ireland, please provide your Tax Information Number (TIN) <input type="text"/> | If you are tax resident outside of Ireland, please provide your Tax Information Number (TIN) <input type="text"/> |
| Tax information number: <input type="text"/> | Tax information number: <input type="text"/> |

Section D Signature

I am applying for membership of Savvi Credit Union Ltd and agree to follow its rules and the decisions of the Board of Directors. The reason I am opening an account is to avail of current and future services of Savvi Credit Union such as Savings and Loans. I confirm that all information provided is true and correct to the best of my knowledge, and I agree to notify Savvi Credit Union Ltd promptly of any changes, including my tax residency. I confirm that I have read and understood the Rules and the European Communities (Payment Services) Regulations 2018 Framework Contract and related information, available on savvi.ie. I understand the following account conditions: (1) If an account is closed, no dividend or interest rebate will be paid for that financial year. Payment may be requested in writing after the annual dividend has been issued. (2) All shares and deposits will be held jointly. If one joint account holder dies, their full interest in the account, including all additions and insurance benefits, will pass to the surviving joint account holder. Where the surviving joint holder is not a spouse or civil partner and the account balance exceeds €50,000 (or amount applicable by law at that time), a Revenue clearance letter (Form IT8) is required before funds can be released. (3) Information about the Deposit Guarantee Scheme will be provided once the account is opened and is available on savvi.ie

| Signature of First Applicant: | Signature of Second Applicant: |
|-------------------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> |
| Date: | Date: |

Section E Data Protection

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 data.

We make the following commitments. We will:

- Process your personal data in a lawful, fair and transparent manner
- 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
- Process your personal data for the purposes of fulfilling our contract with you and for further purposes as described in our Data Protection Statement.

- Not send you marketing emails if you do not want to receive them

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 more details see at savvi.ie/data-protection-statement. Please contact us at dpo@savvi.ie if you have any queries.

Section F Confirmation

This section is only required if you are joining through a family member. Please note, we will need to contact the family member listed in order to verify your relationship.

Family Member Name:

Relationship to Applicant:

Family Member Contact Number:

Section G 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)

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:

Signature of Second Applicant:

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Print Name:

Print Name:

Date:

Date:

Section H 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. Proof of work address e.g. pay-slip, if that's how you qualify for membership
4. Proof of PPSN, if you have supplied this information on the first page

Office Use Only

| | | | |
|----------------|-------|---|-------|
| Member Number: | | Checked By: | Date: |
| Opened By: | Date: | Common Bond Eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If yes, how? | |