

APPLICATION FOR MEMBERSHIP (Northern Ireland)

Waterside Credit Union Ltd

Name:		New Account Number:	New Account Number:		
Address:		Previous address if < 3 years:	Previous address if < 3 years:		
At present address since:		Date of Birth:	Date of Birth:		
Contact Details:		Name & address of employer:	Name & address of employer:		
Mobile Number:					
Landline Number:		Occupation:	Occupation:		
Email address:		Employed since:	Employed since:		
Purpose of the Account:		·	1.004.1004.00		
I confirm that the account is for my own personal use and benefit:(please tick) Yes No					
If you ticked No above, please specify the b	peneficial owner of th	e account:			
Politically Exposed Person (PEP) 1	Yes No	Related to or a close associate of a PEP	Yes 🛮 No 🗓		
I hereby apply for membership of and agree to abide by the rules of Waterside Credit Union Ltd, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.					
It is important that you read and understand	l our Privacy Notice v	vith this application form.			
I authorise you: - to open the account in my name; and - to process the information I have provide	ed you with for the pu	prposes of maintaining my account with us.			
Signature of applicant:		Date:	Date:		

1 Politically Exposed Person (PEP) is defined under Regulation 35(14) of the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 as an individual who is entrusted with a prominent public function, other than as a middle ranking or more junior official e.g. Heads of State or of government, ministers (including deputy or assistants), members of parliament or devolved legislative bodies including the Northern Ireland Assembly, senior government, judicial or military officials, senior executives of state owned corporations or international organisations and members of the governing bodies of political parties. Please also declare if you are a family member (spouse or civil partner of the children of the PEP and the spouses or civil partners of the PEP's children; parents of the PEP); or close associate of a PEP. If you are uncertain as to your status please discuss with the credit union. This information is requested for the purpose of compliance with the credit union's obligations under anti-money laundering and terrorist financing legislation.

Membership Number:	
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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:
Applicant Signature Date: Date:
- If you are <u>not</u> 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:
Applicant Signature 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 Regulations2015. 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 Legislation. 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
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
Applicant's Signature:
Account 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 and you can access the privacy notice at any time on www.watersidecreditunion.co.uk
Please tick here to confirm that you have received a copy of our Account Opening privacy notice 🔲
Applicant's Signature:

Waterside Credit Union Ltd



Your Marketing Preferences

Account No	-			Į
and/or promotional offers av	vice to you, from time to time, vailable from us. We may value will send you marketing mater	wish to use different	t means when sending suc	ch marketin
products and services.	, ,		• •	
	Postal Ma	rketing		
of our products and services. Another marketing conducted by we have the services of the services of the services.	end you marketing material by wa All recipients of the promotional l as. ensure that all members are kept a	literature have an opti-	on to 'opt out' of postal mar	keting or an
ongoing viability and sustainab	-			
·		Opt-Out		
	Post			
nd/or promotional offers av	vice to you, from time to time, waitable from us. We may wis vish to receive such information,	sh to use different	means when sending suc	ch marketin
		Opt-In		
	Email			
	Text			
	Mobile Call			
Signature of Applicant:			Date:	
	us free of charge at any time raw your consent, by contact , Derry BT47 6AA			
	Receipt of obligator	ry notices by em	ail	
email address and you we example notice of the An	that credit unions are obliged to ould like to receive these obliganual General Meeting) please to orint and will also reduce costs	atory, <u>non-marketir</u> tick the box below.	ng communications by em	ail (for
	aintain the right to contact is ming loan or outstanding deb			

Please tick the box below to confirm the following:						
I acknowledge receipt of the information for new members						
For Credit Union Office Use Only Application approved and details verified in accordance with the Standard Rules for Nothern Ireland						
Approved by						
Signature						
Position	(Membership Committee)					
Date:						
Book Number:						
(THIS SECTION TO BE COMPLETED BY THE CREDIT UNION)						
Evidence of Identification Original documentation only - must be s	canned					
(Complete at least one of or more of the following:						
Current Valid Passport						
Current Valid Driving Licence						
National Electoral Identity Card						
DRD SmartPass						
Birth Certificate(for a minor/or evidence of name change only)						
Other *						
* Please Specifiy						
Evidence of Address Verification: Original documentation only - must be	escanned					
Must be date in the last 6 months and in full name e.g. Joe Bloggs not J Bloggs						
(Complete at least one of the following:) Current Utility Bill (e.g. Gas/Electricity, Telephone (Landline and Broadband only - not mobile phone bill)						
Official Document from a Government Body						
Original Recent Bank or Building Society Statement						
Local Authority Document (e.g. Refuse Collection Bill)						
Current Insurance Document (e.g. House/Motor insurance)						
Current Valid Driving Licence (only if not used as proof of ID)						
Other *						
* Please Specify (i.e. in genuine cases where the above cannot be presented)						