



APPLICATION FOR MEMBERSHIP (Northern Ireland)

Faughanvale Credit Union Limited

Membership Number:

Applicant Name:

Address:

.....

PostCode:

Date of Birth: **Occupation:**.....

Telephone: **Mobile Number:**

I hereby apply for membership of and agree to abide by the rules of Faughanvale Credit Union Limited, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief and that I am not or have not been a member of any credit union other than those listed below.

State the names of any other credit unions of which you are or have been a member.

.....

.....

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 beneficial owner of the account

.....

Applicant's Signature:

Date:

Print Name:

Approved:

Date:

Membership Number:

Your Marketing Preferences



As part of improving our service to you, from time to time, we would like to inform you of goods, services, competitions and/or promotional offers available from us. We may wish to use different means when sending such marketing communications. Please now indicate by which methods, **if any**, you consent to being contacted by ticking **Yes** to each method of communication below-

	Yes
Post	<input type="checkbox"/>
Email	<input type="checkbox"/>
Text	<input type="checkbox"/>
Landline call	<input type="checkbox"/>
Mobile call	<input type="checkbox"/>

Signature of applicant	<hr/>
Date:	DD MM YYYY

You have a right to notify us free of charge at any time of your right to refuse such marketing by writing to **Faughanvale Credit Union Ltd, 11 Main Street, Eglinton, Co. Derry BT47 3AA** or by using the "opt-out" options in any marketing message we send you.

Please contact us directly should you wish to change or withdraw your consent.

Receipt of obligatory notices by email



There are certain notices that credit unions are obliged to provide from time to time. Please provide your email address if you would like to receive these obligatory, **non-marketing** communications by email (for example notice of the Annual General Meeting). This will assist the Credit Union in reducing its carbon foot print and will also reduce costs.

Email address:	<input type="text"/>
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Please note that we maintain the right to contact members by such means as best available to us in relation to a non-performing loan or outstanding debt to the credit union, including by text or email.

Membership Number:

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*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residence*	<input type="text"/>																		
2.TIN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residence*	<input type="text"/>																		

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:

- If you are **not** 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 Regulations 2015. 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 Act 1998. 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:

Membership Number:

(THIS SECTION IS TO BE COMPLETED BY THE CREDIT UNION)

Evidence of Identification

(Copies must be attached)

(Complete at least one of the following)

- Current Valid Passport o
- Current Valid Driving Licence o
- National Identity Card o
- Birth Certificate (for a minor/or evidence of name change only) o
- Other* o

*Please specify.....

Evidence of Address Verification

(Copies must be attached)

(Complete at least one of the following)

- Current Utility Bill (e.g. Gas/Electricity Bill) o
- Official document from a Government Body o
- Original Recent Bank/Building Society Statement o
- Local Authority Document (e.g. Refuse Collection Bill) o
- Current Insurance Document (e.g. House/Motor Insurance) o
- Other* o

*Please specify (i.e. in genuine cases where the above cannot be presented)
.....

Application approved and details verified in accordance with the standard rules by:

Signed:
(Membership Committee)

Date:

INFORMATION SHEET

Basic information about the protection of your eligible deposits	
Eligible deposits in Faughanvale Credit Union are protected by:	the Financial Services Compensation Scheme ("FSCS").
Limit of protection:	£85,000 per depositor per bank / building society / credit union.
If you have more eligible deposits at the same bank / building society / credit union:	All your eligible deposits at the same bank / building society / credit union are "aggregated" and the total is subject to the limit of £85,000.
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately.
Reimbursement period in case of bank, building society or credit union's failure:	20 working days.
Currency of reimbursement:	Pound sterling (GBP, £) or, for branches of UK banks operating in other EEA Member States, the currency of that State.
To contact Faughanvale Credit Union for enquiries relating to your account:	Faughanvale Credit Union Limited 11 Main Street, Eglinton, Co. Derry. BT47 3AA Tel: 028 71810856
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House 15 St Botolph Street London EC3A 7QU Tel: 0800 678 1100 or 020 7741 4100 Email: ICT@fscs.org.uk
More information:	http://www.fscs.org.uk
Acknowledgement of receipt by the depositor:	

Additional information

1 Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

2 General limit of protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- (a) certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
- (b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- (c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under <http://www.fscs.org.uk>

3 Limit of protection for joint accounts

In case of joint accounts, the limit of £85,000 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 £85,000.

4 Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) 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 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses (in the case of a depositor which is not an individual or a large company) within 5 working days of a request. Again, there are specific exceptions to this obligation.

In the case of a depositor which is a large company, where the FSCS cannot make the repayable amount available within 7 working days, it will, from 3 July 2015 until 1 December 2016, ensure that you have access to your covered deposits within fifteen working days of a request containing sufficient information to enable it to make a payment, save where specific exceptions apply.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under <http://www.fscs.org.uk>.

Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

EXCLUSIONS LIST

A deposit is excluded from protection if:

- (1) The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, bank building society or credit union.
- (2) The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- (3) It is a deposit made by a depositor which is one of the following:
 - credit institution
 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective investment undertaking
 - pension or retirement fund
 - public authority, other than a small local authority.

For further information about exclusions, refer to the FSCS website at www.FSCS.org.uk
