

Kilcloon Credit Union

The Square, Kilcock, Co Kildare, W23 Y016 Phone: 01 6287824 Web: www.kilcu.ie Email: info@kilcu.ie

| Member Number | |
|---------------|--|
| | |
| Date | |

ACCOUNT APPLICATION FOR A CHILD UNDER 16 YEARS OF AGE

| | Parent/Guardian/Applicant Membership Details | | | Membership Details |
|------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------|
| Nar | ne | | Date Joined | |
| Ado | Iress | | Start-up Account | Juvenile A/C |
| | | | Deduct DIRT | Yes |
| | | mobile number: | | |
| | | e-mail address: | | |
| | | Account Holder | | |
| Nar | ne | [| | |
| Ado | lress | | | |
| | | | | |
| | | | | |
| Dat | e of Birth | |] | |
| | ationship to | | | |
| App PP | olicant | | | |
| | eclaration: | | |] |
| De | | bly for membership in the name of the said | | |
| · | | | ne/she is not or has not | been a member of any Credit Union other than those listed |
| | | | | |
| • | I/We acknowled | ge that any shares/deposits arising from this membership no | ow and hereafter shall b | be his/her sole property and all withdrawals shall be |
| | applied to his/he | er sole benefit, and declare that it will not be operated as a s | econd account for my/c | bur benefit. |
| • | on foot of their of | d that on reaching an appropriate age, to be agreed by all pa wn signature. | inties, authority will pass | s to the member to operate the account in his/her own right |
| • | The information | given by me/us on this form is true and correct to the best o | f my/our knowledge an | d belief. |
| • | I/We understand | d that any false or misleading information given by me/us in tition of the membership, apart from any other legal sanctions | connection with this app | plication for or membership with the Credit Union may |
| _ | | uon or the membership, apart nom any other legal sanctions | з пастаў арріў. | |
| Par | ent/Guardian/ X | | Witness Signature | |
| | olicant Signature | | | |
| Prir | nt Name | | Print Name | |
| | | | 1 | |
| Dat | e | | Date | |
| On | behalf of | |] | |
| | | | | |
| | | | | |
| | | | | |
| | Application S | Status | | |
| ONLY | Taken by | | | |
| JSE O | Proposed by | | | |
| OFFICE USE | Seconded by | | | |
| OFF | Approved by | | | |



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Member Identification Сору Identification Type Expiry Date Attached Birth Certificate Driving Licence Doc. From Govt Dept

| | Cilcloon Credit Union | Member Number | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------|--|
| | he Square, Kilcock, Co Kildare, W23 Y016 hone: 01 6287824 | Date | |
| | /eb: www.kilcu.ie Email: info@kilcu.ie | | |
| | ACCOUNT APPLICATION FOR A CHILD UNDER 16 YEARS | OF AGE | |
| Tax Reside | ncy for the purposes of the Common Reporting Standard | | |
| - If you are tay | resident in another country, please provide your Tax Identification Numb | er ("TIN") and Country of Tax | |
| Residence: | resident in another country, please provide your fax identification fullio | | |
| 1. TIN* | Country of tax Residence* | | |
| 2. TIN* | Country of tax Residence* | | |
| I confirm that the notify the credit | information provided is true and correct to the best of my knowledge, and that if my inion: | y circumstances change, I will | |
| Parent/Guardian/ Applicant Signatur | e Date | | |
| - If you are not | ax resident in another country, please sign the following: | | |
| I wish to declare credit union: | that I am not resident for tax purposes in any other country, and that if my circumsta | ances change, I will notify the | |
| Parent/Guardian/ Applicant Signatur | e Date | | |
| * Mandatory Field ** This information is being sought for the purposes of reporting obligations under the Common Reporting Standard (CRS), as provided for by Section 891F of the Taxes Consolidation Act 1997. 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 Revenue Commissioners 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 Acts 1988 & 2003. Only data that is legally required to be reported will be provided to the Revenue Commissioners. For more information on this, please speak to your credit union, contact Revenue at aeoi@revenue.ie or see http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm | | | |
| Deposit Gua | antee Scheme | | |
| I acknowledge re | ceipt of the Depositor Information Sheet | | |
| Parent/Guardian/ Applicant Signatu | e Date | | |
| Applicatio | n Opening Privacy Notice | | |
| I acknowledge | that I am in receipt of the Application Opening Privacy Notice. | | |
| Parent/Guardian/ Applicant Signatu | e Date | | |

Forms are available on our website



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ACCOUNT APPLICATION FOR A CHILD UNDER 16 YEARS OF AGE

Supplementary Membership Application Information (Tł

| his page to be completed by/on be | ehalf of the Member) |
|-----------------------------------|----------------------|
|-----------------------------------|----------------------|

All Credit Unions are obliged to comply with the legislation that Government has enacted to combat money laundering and the financing of terrorism. This legislation is called the 'Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010' and the 'Criminal Justice Act, 2013'.

In accordance with this legislation, we are required to obtain answers from all our members to the following questions. We should be grateful if you would tick the relevant boxes on this form. The explanation of the terminology used is given at the back of this form.

| Please tick $()$ the relevant | ant box to answer the followir | ng questions: | | |
|----------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------|-----|
| 1. Are you a Politically Ex Terrorist Financing) Act, 20 | | I in Section 37 (10) of the Crin | ninal Justice (Money Laundering | and |
| Yes | No | | | |
| If the answer is 'Yes', please | explain why here: | | | |
| | | | | |
| | | | | |
| | | | | |
| 2. Are you the beneficial of Yes If the answer is 'No', please | wner of the funds in your shares No e explain why here: | s/deposit account? | | |
| | | | | |
| | | | | |
| | | | | |
| | e details of such changes and a | | vided and confirm that I will inform ormation of which I may become a | |
| | | | | |
| Parent/Guardian/ Applicant Signature | | Date | | |

| Applicant Signature | Date | | |
|---------------------|------|--|--|
| Print Name | | | |
| Witness Signature | Date | | |
| Print Name | | | |



| Member Number | |
|---------------|--|
| Date | |

ACCOUNT APPLICATION FOR A CHILD UNDER 16 YEARS OF AGE

Supplementary Membership Application Information (This page to be completed by the Guardian)

All Credit Unions are obliged to comply with the legislation that Government has enacted to combat money laundering and the financing of terrorism. This legislation is called the 'Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010' and the 'Criminal Justice Act, 2013'.

In accordance with this legislation, we are required to obtain answers from all our members to the following questions. We should be grateful if you would tick the relevant boxes on this form. The explanation of the terminology used is given at the back of this form.

| Please tick $()$ the relevant box to answer the following questions: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Are you a Politically Exposed Person (PEP) as defined in Section 37 (10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010? and Yes No |
| If the answer is 'Yes', please explain why here: |
| |
| |
| 2. Are you the beneficial owner of the funds in your shares/deposit account? Yes No If the answer is 'No', please explain why here: |
| |
| I will promptly notify the Credit Union of any changes in the information which I have provided and confirm that I will inform the Credit Union in writing of the details of such changes and any other relevant/material information of which I may become aware a |

any time after the date of this Declaration.

| Guardian Signature | Date | |
|--------------------|------|--|
| Print Name | | |
| Witness Signature | Date | |
| Print Name | | |



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Supplementary Membership Application Information

Explanation of terms used overleaf

Politically Exposed Person' (PEP)

A 'Politically Exposed Person' is an individual who is or has in the preceding 12 months been entrusted with a prominent public function, other than as a middle ranking or more junior official. Please also declare if you are a family member or close associate of a PEP. The relevant list is provided below.

A PEP includes the following:

- 1. heads of state, heads of government, ministers and deputy or assistant ministers;
- 2. members of parliament or of similar legislative bodies;
- 3. members of the governing bodies of political parties;
- 4. members of supreme courts, of constitutional courts or of other high-level judicial bodies whose decisions, other than in exceptional circumstances, are not subject to further appeal;
- 5. members of courts of auditors or of the boards of central banks;
- 6. ambassadors, charges d'affaires and high-ranking officers in the armed forces;
- 7. members of the administrative, management or supervisory bodies of state-owned enterprises;
- 8. directors, deputy directors and members of the board or equivalent function of an international organisation.

Section 37 (10) of the CJA 2010

Close Associate

In this section 'close associate' of a politically exposed person includes any of the following persons:

a) Any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person;

b) Any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person;

Section 37 (10) of the CJA 2010

Immediate Family Member

'Immediate family member' of a politically exposed person includes any of the following persons:

- a) Any spouse of the politically exposed person;
- b) Any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of
- the place where the person or politically exposed person resides;
- c) Any child of the politically exposed person;
- d) Any spouse of a child of the politically exposed person;
- e) Any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law
- of the place where the person or child resides;
- f) Any parent of the politically exposed person;
- g) Any other family member of the politically exposed person who is of a prescribed class;

Section 37 (10) of the CJA 2010

'The Minister may prescribe a class of family member of a politically exposed person, for the purposes of paragraph (g) of the definition of "immediate family member" of a politically exposed person in subsection (10), only if the Minister is satisfied that it would be appropriate for the provisions of this section to be applied in relation to members of the class, having regard to any heightened risk, arising from their close family relationship with the politically exposed person, that such members may be involved in money laundering or terrorist financing'.

Section 37 (11) of the CJA 2010



| lember Number | |
|---------------|--|
| | |
| Date | |

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Phone: 01 6287824 Web: www.kilcu.ie Email: info@kilcu.ie

Deposit Guarantee Scheme - Depositor Information Sheet

| Personal information | | | |
|------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| Member Number Member Name | | Address | |
| Basic information about the protection of your eligible deposits | | | |
| Eligible deposits in Kilcloon Cre | dit Union are protected by: | the Deposit Guarantee Scheme ("DGS") 1 | |
| Limit of protection: | | EUR 100,000 per depositor per credit institution ² | |
| If you have more eligible depos | its at the same credit institution: | All your eligible deposits at Kilcloon Credit Union are 'aggregated' and the total is subject to limit of EUR 100,000 ² | |
| If you have a joint account with | another person(s): | The limit of EUR 100,000 applies to each depositor separately ³ | |
| Reimbursement period in case | of credit institution's failure: | 10 working days ⁴ | |
| Currency of reimbursement: | | Euro | |
| To contact Kilcloon Credit Union | n for enquiries relating to your account: | Kilcloon Credit Union The Square Kilcock Co Kildare W23 Y016 Tel: 01 6287824 Web: www.kilcu.ie Email: info@kilcu.ie | |
| To contact the DGS for further i | nformation on compensation. | Deposit Guarantee Scheme | |

| To contact the DGS for further information on compensation: | Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1, D01 F7X3 Tel: 0818 681 681 Email: info@depositguarantee.ie |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| More information: | www.depositguarantee.ie |
| Acknowledgement of receipt by the depositor: | |



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Deposit Guarantee Scheme - Depositor Information Sheet

Member Number

Date

Additional Information

¹ Scheme responsible for the protection of your deposit

Your deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your credit institution should occur, your eligible deposits would be repaid up to EUR 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 a Deposit Guarantee Scheme. This repayment covers at maximum EUR 100,000 per person 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 EUR 90,000 and a current account with EUR 20,000, he or she will only be repaid EUR 100,000.

This method will also be applied if a credit institution operates under different trademarks. This means that all eligible deposits with one or more of these trademarks are in total covered up to EUR 100,000.

³ Limit of protection for joint accounts

In case of joint accounts, the limit of EUR 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 Euro 100,000.

In some cases, eligible deposits which are categorised as "temporary high balances" are protected above Euro 100,000 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:

certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential property;

sun(b)paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits;

the (the positor's marriage, judicial separation, dissolution of civil partnership, and divorce;

sun(d)paid to the depositor in respect of benefits payable on death; claims for compensation in respect of a person's death or a legacy or distribution from the estate of a deceased person.

More information can be obtained under www.depositguarantee.ie

⁴ Reimbursement

The responsible Deposit Guarantee Scheme is:

Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1, D01 F7X3. Tel: 0818 681 681. Email: info@depositguarantee.ie. Website: www.depositguarantee.ie.

It will repay your eligible deposits (up to €100,000) 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.

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 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.