



APPLICATION FOR MEMBERSHIP (Northern Ireland)
Waterside Credit Union Ltd

Name:	New Account Number:		
Address:	Previous address if < 3 years:		
At present address since:	Date of Birth:		
Contact Details: Mobile Number: _____ Landline Number: _____ Email address: _____	Name & address of employer: _____ _____ Occupation: _____ Employed since: _____		
Purpose of the Account:			
I confirm that the account is for my own personal use and benefit:(please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you ticked No above, please specify the beneficial owner of the account:			
Politically Exposed Person (PEP) 1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Related to or a close associate of a PEP	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 our Privacy Notice with this application form.			
I authorise you: - to open the account in my name; and - to process the information I have provided you with for the purposes of maintaining my account with us.			
Signature of applicant: _____		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.

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:

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 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:

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 Northern 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 scanned

(Complete at least one of or more of the following:

- | | |
|---|--------------------------|
| Current Valid Passport | <input type="checkbox"/> |
| Current Valid Driving Licence | <input type="checkbox"/> |
| National Electoral Identity Card | <input type="checkbox"/> |
| DRD SmartPass | <input type="checkbox"/> |
| Birth Certificate (for a minor/or evidence of name change only) | <input type="checkbox"/> |
| Other * | <input type="checkbox"/> |

* Please Specify _____

Evidence of Address Verification:

Original documentation only - must be scanned

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) | <input type="checkbox"/> |
| Official Document from a Government Body | <input type="checkbox"/> |
| Original Recent Bank or Building Society Statement | <input type="checkbox"/> |
| Local Authority Document (e.g. Refuse Collection Bill) | <input type="checkbox"/> |
| Current Insurance Document (e.g. House/Motor insurance) | <input type="checkbox"/> |
| Current Valid Driving Licence (only if not used as proof of ID) | <input type="checkbox"/> |
| Other * | <input type="checkbox"/> |

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