



# Ballymena Credit Union Limited

17-21 William Street, Ballymena, Co. Antrim, BT43 6AW  
Phone : 028 2564 9010 Fax : 028 2565 1003

Web : www.ballymenacreditunion.co.uk Email : info@ballymenacu.co.uk

Member Number

Date

## MEMBERSHIP APPLICATION FORM

### Contact Details

Name

Address

Telephone

Email

### Membership Details

Date Joined

Startup Account



### Account Information

Purpose / Intended Nature of Account

Source of Wealth

Source of Funds

### Employment Details

Occupation

Status

### Personal Details

Date of Birth

#### Declaration:

- I hereby apply for membership of and agree to abide by the rules of Ballymena Credit Union Limited, and declare that I am not or have not been a member of any credit union other than those listed as follows:

- I accept and understand that the balance in the above numbered account in my name will be refunded to me by Ballymena Credit Union Limited in the event of my membership application being disapproved.
- The information given by me on this form is true and correct to the best of my knowledge and belief.
- I understand that any false or misleading information given by me in connection with my application for or my membership with the Credit Union may result in termination of my membership, apart from any other legal sanctions that may apply.

Applicant's Signature **X**

Witness Signature

Print Name

Print Name

Date

Date

### Application Status

OFFICE USE ONLY

Taken by

Date

Proposed by

Date

Seconded by

Date

Approved by

Date



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### Services

There are certain **non-marketing** notices that we are obliged to provide from time to time such as Statements and AGM notifications. Sending these communications by email will assist the Credit Union in reducing its carbon footprint and its costs.

These are the preferences that you have selected.

e-Statements

e-AGM

Applicant's Signature

Date   /   /

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 due to the credit union, including by text or email.

### Member Identification

OFFICE USE ONLY

Identification Type	ExpiryDate	Copy Attached
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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*	<input type="text"/>	Country of tax Residence*	<input type="text"/>
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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's Signature	<input type="text"/>	Date	<input type="text"/>
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- 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's Signature	<input type="text"/>	Date	<input type="text"/>
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\* 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>

### FSCS Information Sheet and Exclusions List Declaration

I acknowledge receipt of the Information Sheet and Exclusion List

Applicant's Signature	<input type="text"/>	Date	<input type="text"/>
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### Account Opening Privacy Notice

I acknowledge that I am in receipt of the Account Opening Privacy Notice.

Applicant's Signature	<input type="text"/>	Date	<input type="text"/>
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### Your Marketing Preferences

As part of improving our services 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 contact you by different means when sending such marketing communications.

Please confirm, by signing below, the methods by which you have verbally consented to be contacted.

Marketing Consent	
Post	<input type="checkbox"/>
Email	<input type="checkbox"/>
Text	<input type="checkbox"/>
Telephone	<input type="checkbox"/>

There is no obligation to grant consent nor are there any consequences if you withhold consent.

Granting or withholding consent will have no effect on this application.

You may withdraw your consent at any time by contacting the Credit Union at , , , .

Applicant's Signature

Date

  /   /