



Account Number

Membership Application Form

Important information: Please complete all sections of your membership form and sign all highlighted signatures, to ensure a valid membership application.

Mandatory Signatures are indicated by the symbol  (6 in total)

Personal Details

1

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ Marital Status : _____

Contact Phone No.: _____

Preferred time to be contacted: Morning Afternoon Evenings

Email Address: _____

Present Address: _____

How long at present address _____

If less than 3 years at present address, please provide previous home address:

Accommodation: Home -Owner Renting Living with parent/relatives Other

Nationality: _____

PPS Number: _____

Country of Birth: _____

Employer Name: _____

Employment Status: _____

Employer Address: _____

Occupation: _____

No of Years Employed: _____

- I hereby apply for membership of, and agree to abide by the rules of Progressive Credit Union Limited, and declare that I am not a member of any other Credit Union other than listed as follows
- _____
- I accept and understand that the balance in the above numbered account in my name will be refunded to me by Progressive Credit Union Limited in the event of my membership being declined.
- The information provided by me on this form is true and correct to the best of my knowledge
- I understand that any false or misleading information given by me in connection with my application for membership with the Credit Union may result in termination of my membership, apart from other legal sanctions that may apply.



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Additional services

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***Please tick the box to avail of our E-AGM Service ***

Once you have received your account details, please visit www.progressivecu.ie/register to apply for online banking and mobile app

E- AGM Notification

Signature: _____



Communications and Marketing

3

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 consent to be contacted.**

POST

EMAIL

TEXT

TELEPHONE



Signature: _____

Tax Residency for the purpose of the Common Reporting Standard

4

Are you a tax resident in Ireland? YES

If you are tax resident in any other country please provide information below

TIN 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country of Tax Residence* _____

TIN 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country of Tax residence* _____

I confirm that the information provided is true and correct and to the best of my knowledge and that if my circumstances change, I will notify the Credit Union.



Signature _____

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 applicable data protection laws. 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>



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Supplementary information for Anti-Money Laundering Compliance

5

I declare that as the account holder I am the beneficial owner of the funds held in this account

YES NO Signature: _____

If you ticked NO above, please specify the beneficial owner of the account: _____

Reason for opening account

SHARES LOANS CURRENT ACCOUNT OTHER – Please Specify _____

Method of saving to your account

EFT In Branch Direct Debit Other Please Specify _____

Source of Funds

Please specify _____

Source of Wealth

Please specify _____

Politically exposed persons

Are you or any member of your immediate family a politically exposed person?

YES NO

**A politically exposed person is a person who holds or has held within the previous year a prominent public position (e.g. heads of state, high-ranking government or army officials, government minister, high court judge etc.)*

Form of Nomination

I Hereby Nominate

6

NAME	ADDRESS	DATE OF BIRTH	CONTACT NUMBER	RELATIONSHIP

To become entitled to such property in the credit union which I may have at the time of my death, whether in savings, insurance or otherwise not exceeding the limit of the amount at the time being authorised by law.

Member Signature _____ Date _____

Witness Signature _____ Date _____

Position Held _____

Witness Signature _____ Date _____

Position Held _____



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Data Protection and Data Privacy Statement

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The details provided in this application form together with any other information that is furnished to us in connection with this application will be retained and processed by Progressive Credit Union Ltd. in accordance with our Data Privacy notice. Please take time to read this document which is available to you at <https://www.progressivecu.ie/images/library/documents/21102019-142746.pdf> or in any of our branches.


Declaration


Please review your application to ensure that you have provided all relevant information and signed all necessary sections marked with the 

I hereby apply for membership of Progressive Credit Union and agree to abide by the rules of the credit union. 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 this application for membership of Progressive Credit Union Ltd. may result in termination of my membership, apart from any other legal sanctions that may apply.

By providing my signature below, I also confirm receipt of

1. **Deposit Guarantee Scheme**
2. **Account Opening Privacy Notice**
3. **Nomination form information**
4. **Framework Contract (European Communities Payment Services Regulations 2018)**

 Signature: _____ Print Name _____ Date: _____

 CU Officer Witnessing: _____ Print Name _____ Date: _____

OFFICE USE ONLY

Evidence of Proof of Identification.	Evidence of Proof of Address	Proof of PPS provided <input type="checkbox"/>
<input type="checkbox"/> Current Passport	<input type="checkbox"/> Recent household bill	
<input type="checkbox"/> Current Drivers Licence	<input type="checkbox"/> Bank / Building society Statement	Minimum share balance paid <input type="checkbox"/>
<input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> State Body	

Signed _____ Print _____

Date: _____

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