465 Falls Road, Belfast, BT12 6DD

Phone: 028 90438175 Fax: 028 90237302

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

## **MEMBERSHIP APPLICATION FORM**

|                |                                   | Contact Details  |                            | Membership Details                               |
|----------------|-----------------------------------|--|----------------------------|--|
| Naı            | me                                |  | Date Joined                |  |
| Add            | dress                             |  | Startup Account            |  |
|                |                                   |  |                            |  |
|                |                                   |  |                            |  |
| Tel            | ephone                            |  |                            | NO   |
|                |                                   |  |                            |  |
| Em             | ail                               |  |                            | PHOTOGRAPH                                       |
|                |                                   |  |                            |  |
|                |                                   |  |                            |  |
|                |                                   | Account Information  |                            | Employment Details                               |
|                | rpose / Intended                  | Account information  | Occupation                 | Employment Details                               |
|                | ture of Account<br>urce of Wealth |  | Status                     |  |
| Sou            | urce of Funds                     |  |                            |  |
|                |                                   | Personal Details   |                            |  |
| Dat            | te of Birth                       |  |                            |  |
|                |                                   |  |                            |  |
| _              |                                   |  |                            |  |
|                | eclaration:                       |  |                            |  |
| •              |                                   | or membership of and agree to abide by the rules of Bee<br>r of any credit union other than those listed as follows:     | chview Antigonish Credit U | nion Ltd , and declare that I am not or have not |
|                |                                   |  |                            |  |
| •              |                                   | derstand that the balance in the above numbered accour<br>event of my membership application being disapproved.          |                            | ed to me by Beechview Antigonish Credit          |
|                |                                   | given by me on this form is true and correct to the best of<br>at any false or misleading information given by me in con |                            |  |
|                |                                   | rmination of my membership, apart from any other legal s   |                            | ion of my monitorism man are should employ       |
|                |                                   |  |                            |  |
| Арі            | plicant's                         |  | Witness Signatu            | ire  |
| Sig            | nature                            | `  |                            |  |
| Prir           | nt Name                           |  | Print Name                 |  |
| Dat            | te                                |  | Date                       |  |
|                |                                   |  |                            |  |
|                |                                   |  |                            |  |
|                | Application S                     | Status   |                            |  |
| N<br>N         | Taken by                          |  |                            | Date / / /                                       |
| π<br>O         | Proposed by                       |  |                            | Date / / / / / / /                               |
|                |                                   |  |                            |  |
| OFFICE USE ONL | Seconded by                       |  |                            | Date / / /                                       |
| 5              | Approved by                       |  |                            | Date / / / / / / / / / / / / / / / / / / /       |

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|                 |                               |  | Services   |
|-----------------|-------------------------------|--|--|
|                 |                               |  | de from time to time such as Statements and AGM notifications. in reducing its carbon footprint and its costs. |
| Th              | nese are the preferences that | you have selected.   |  |
| e-9             | Statements                    |  |  |
| e- <i>i</i>     | AGM                           |  |  |
|                 | oplicant's<br>gnature         |  | Date / /   |
|                 |                               | he right to contact members by sucl<br>nding debt due to the credit union, i | n means as best available to us in relation to a ncluding by text or email.                                    |
|                 | Member Identification         |  |  |
|                 |                               |  | Сору   |
| OFFICE USE ONLY | Identification Type           | ExpiryDate   | Attached   |

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

Applicant's

Signature

Member Number

Date

### Email: info@beechviewcu.co.uk Web: www.beechviewcu.co.uk **MEMBERSHIP APPLICATION FORM** 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: Country of tax 1. TIN\* 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's Date Signature - 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 Date Signature \* 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 Date Signature **Account Opening Privacy Notice**

Date

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#### **MEMBERSHIP APPLICATION FORM**

#### **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              |  |  |  |  |
| Email             |  |  |  |  |
| Text              |  |  |  |  |
| Telephone         |  |  |  |  |

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 |  | 1   | 1 |  |  |
|-----------------------|------|--|-----|---|--|--|
| opplicant's Signature | Date |  |     | 1 |  |  |
|                       |      |  | • - | • |  |  |