

APPLICATION FORM

(Single or Joint Account)

Address: 33 Parnell Square, Dublin 1
Tel: 01 8731101
Email: info@intocreditunion.ie
Web: www.comharlinnintocu.ie

1



Please use a
BLACK Pen

2



Please use
BLOCK CAPITALS

3



Tick Boxes
Do this for a mistake
and tick correct box

SECTION 1 CURRENT ACCOUNT & DEBIT CARD APPLICATION

Section 1 – Current Account and Debit Card Application may be completed for single and joint accounts. One or both applicants may apply for a Debit Card to operate on the Current Account. Current Accounts are only available to members who are 12 years of age and older and resident in the Republic of Ireland. Members who are under 16 years of age require the consent of a parent or guardian by completing the form at 1.5 to obtain a Current Account or Debit Card.

1.1 PERSONAL DETAILS

Current Account Type	Single Account <input type="checkbox"/>	Joint Account <input type="checkbox"/>
	APPLICANT 1	APPLICANT 2
Credit Union Member No.	<input type="text"/>	<input type="text"/>
Name	Title Forename Surname <input type="text"/>	Title Forename Surname <input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Eircode	<input type="text"/>	<input type="text"/>
Length at Current Address	Less than 3 years <input type="checkbox"/> 3 or more years <input type="checkbox"/>	Less than 3 years <input type="checkbox"/> 3 or more years <input type="checkbox"/>
Previous Address (if Less than 3 years)	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
PPSN	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Country of Residence	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	<input type="text"/>

NOTE: You may be asked to provide proof of identity (e.g. passport, driving licence) and/or proof of address (e.g. utility bill) to support your application if we do not hold this documentation on file or it is not current. This is a legal requirement.

Privacy Notice

The details provided in this form, together with any other information that is furnished to us in connection with this application will be retained and processed by the Credit Union in accordance with the Privacy Notice which is available from the Credit Union website and offices.

1.2 CONTACT DETAILS

Email	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Contact Hours	Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>	Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>
Statement Preference	Quarterly eStatement (Free) <input type="checkbox"/>	Quarterly Postal Statement (Fee of €2.50 applies) <input type="checkbox"/>

NOTE: You may express or change your communication and marketing preferences by contacting the Credit Union.

1.3 USE OF CURRENT ACCOUNT

	APPLICANT 1	APPLICANT 2
What will this account be used for?		
Will this be your main current account for everyday living expenses?		
Where will the money be coming from to fund the account?		
How have you accumulated your overall wealth?		
Will your salary and/or other income be paid direct to the credit union?		
If yes, how much per month?		
What is your estimated total monthly lodgements to the account?		
How often will you be lodging to this account?		
What % of money lodged will be in cash?		
Do you intend making any external lump sum lodgements to this account in the next 12 months?		
If yes, indicate how much the lump sum lodgements will be?		
What is the origin of these funds?		
Do you intend to transact with any countries outside of the following areas; EU, Liechtenstein, Iceland, Norway, North America or Australia / New Zealand?		
Are you a tax resident in another country (outside of the Republic of Ireland)?		
If yes, where do you pay your taxes?		
Provide your Tax Identification Number (TIN) in the other country where you pay tax.		
Are you a Politically Exposed Person (PEP)?		
A politically exposed person is an individual, an associate or an immediate family member of an individual who holds or has held a prominent public function at any time in the last 12 months, as defined in Section 37(10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010.		
Are you a U.S. Citizen?		
Are you the beneficial owner of the funds to be lodged to the Account?		
If you are not the beneficial owner of the funds, who is?		

DECLARATIONS AND CONSENTS

I / We hereby apply for a Current Account in my / our names.

I / We acknowledge that I / We have read and accept the Current Account and Debit Card Terms & Conditions (incorporating Distance Marketing Information for Current Accounts) and the Current Account Schedule of Fees & Charges copies of which are available from the Credit Union website and offices.

I / We acknowledge that I / We have read the Deposit Guarantee Scheme – Depositor Information Sheet.

I / We confirm that the information provided by me / us on this form is complete and correct to the best of my / our knowledge and belief, and that if circumstances change, I / we will notify the Credit Union

Applicant 1 Signature

Date / / 20

Applicant 2 Signature

Date / / 20

1.4 DEBIT CARD APPLICATION

DECLARATIONS AND CONSENTS

I / We hereby apply for a Mastercard® Debit Card in my / our names.

I / We acknowledge that I / We have read and accept the Current Account and Debit Card Terms & Conditions (incorporating Distance Marketing Information for Current Accounts) and the Current Account Schedule of Fees & Charges copies of which are available from the Credit Union website and offices.

I / We confirm that the information provided by me / us on this form is complete and correct to the best of my / our knowledge and belief, and that if circumstances change, I / we will notify the Credit Union.

Debit Card Required (Tick Box)

Applicant 1

Applicant 2

Applicant 1 Signature

Date / / 20

Applicant 2 Signature

Date / / 20

Your Debit Card and Personal Identification Number (PIN) will be forwarded separately within 10 business days of approval.

Mastercard is a registered trademark and the circles design is a trademark of Mastercard International Incorporated. The Debit Card is issued by Transact Payments Malta Limited pursuant to licence by Mastercard International. Transact Payments Malta Limited is authorised and regulated by the Malta Financial Services Authority.

Privacy Notice

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Credit Union Use Only

Checklist

- Applicant(s) is a Member of the Credit Union
- Mandatory information provided
- Mobile Number (for debit card security)
- Account statement preference
- Declarations signed
- Proof of identity
- Proof of address
- PPSN documentation
- Parental consent signed (if relevant)

Staff Name: _____

Staff ID:

CU Office: _____

IBAN:

Current Account Approved Yes No

Staff Signature:

Details

Date: / / 20

1.5 PARENTAL CONSENT (in respect of Members under 16)

APPLICATION FOR CURRENT ACCOUNT

Current Account Applicant Name	<input type="text"/>	Account / Member No.	<input type="text"/>
Parent / Guardian Name	<input type="text"/>	Account / Member No.	<input type="text"/>
Parent / Guardian Address	<input type="text"/>		

If you, as Parent / Guardian are **not** a member of the Credit Union, please provide an original proof of identity and address.

Proof of Identity	<input type="text"/>	(e.g. Current Passport or Drivers Licence)
Proof of Address	<input type="text"/>	(e.g. Utility Bill or Financial / Credit Statement dated within last six months)

DECLARATIONS AND CONSENTS

I hereby consent to a Current Account being opened in my child / ward's sole name and acknowledge that, in opening the account, both I and she/he will be agreeing to the Current Account Terms and Conditions*.

I confirm that any funds lodged to the account belong to my child / ward, who is the beneficial owner of all such funds.

I confirm that I am a parent / guardian of the applicant.

I confirm that the information provided on this application form is complete and correct.

Parent / Guardian's Signature

Date / / 20

Relationship to Applicant

APPLICATION FOR MASTERCARD DEBIT CARD

DECLARATIONS AND CONSENTS

I consent to a Debit Card and Personal Identification Number (PIN) being issued to my child / ward.

I acknowledge that by using his / her Debit Card, he / she will be agreeing to the Debit Card Terms & Conditions.

I am aware that this Debit Card can be used for ATM, Point of Sale (POS) and phone and online transactions on the Current Account (for example, to withdraw cash from the Current Account at an ATM, to make purchases in a shop, online or over the phone using funds from the Current Account).

Parent / Guardian's Signature

Date / / 20

Data Protection Notice

For information in relation to how we collect personal information about you and your child / ward as account holder, and how we use it, see our Data Protection Notice in our offices and on our website www.comharlinnintocu.ie

The Debit Card is issued by Transact Payments Malta Limited pursuant to a licence by Mastercard International. Transact Payments Malta Limited is authorised and regulated by the Malta Financial Services Authority. Mastercard is a registered trademark and the circle design is a trademark of Mastercard International Incorporated.

Privacy Notice

The details provided in this form, together with any other information that is furnished to us in connection with this parental consent will be retained and processed by Comhar Linn INTO Credit Union in accordance with the Privacy Notice which is available from the Credit Union website www.comharlinnintocu.ie and in any of our offices.

The Credit Union is authorised, in respect of any information and/or copy documents supplied to enable them to comply with its obligations to establish the identity of the parties in accordance with the laws and regulations concerning the prevention of money laundering and terrorist financing.

Parent / Guardian's Signature

Date / / 20

*Copies of the Current Account & Debit Card Terms and Conditions are available in our office and on our website www.comharlinnintocu.ie

SECTION 2 OVERDRAFT FACILITY APPLICATION

Section 2 – Overdraft Facility Application must be completed for single and joint accounts where an overdraft facility is required. Overdrafts are only available to members who are 18 years of age and older.

Important Notice regarding Central Credit Register

Under the Credit Reporting Act 2013, lenders are required to provide personal and credit information for credit applications and credit agreements of €500 and above to the Central Credit Register. Information will be held on the Central Credit Register and may be used by other lenders when making decisions on credit applications. The Central Credit Register is owned and operated by the Central Bank of Ireland. For more information see www.centralcreditregister.ie

Requested Overdraft Limit (Minimum Amount of €200)

Employment Status	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employer's Name / Business Name (if self-employed)	<input type="text"/>	<input type="text"/>
Employer's / Business Address	<input type="text"/>	<input type="text"/>
Nature of your employment or business activity	<input type="text"/>	<input type="text"/>
Length of time in current employment	<input type="text"/>	<input type="text"/>

APPLICANT 1

Have you ever been made bankrupt, entered into a Personal Insolvency Arrangement, Debt Settlement Arrangement or Debt Relief Notice, made any arrangements with creditors, had any Court judgements for debt made against you or been in arrears with an existing or previous loan?

If Yes, please provide details below Yes No

APPLICANT 2

Have you ever been made bankrupt, entered into a Personal Insolvency Arrangement, Debt Settlement Arrangement or Debt Relief Notice, made any arrangements with creditors, had any Court judgements for debt made against you or been in arrears with an existing or previous loan?

If Yes, please provide details below Yes No

APPLICANT 1

Income Type	Frequency	Amount	Payment Method
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT 2

Income Type	Frequency	Amount	Payment Method
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Borrowing Type	Frequency	Repayment Amount	Arrears
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Borrowing Type	Frequency	Repayment Amount	Arrears
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Status Home Owner Tenant
Living with Family Other

Home Owner Tenant
Living with Family Other

Number of Dependents

DECLARATIONS AND CONSENTS

I / We hereby apply for an Overdraft Facility in my / our names.

I / We acknowledge that I / We have read and accept the Current Account and Debit Card Terms & Conditions (incorporating Distance Marketing Information for Current Accounts) and the Current Account Schedule of Fees & Charges copies of which are available from the Credit Union website and offices.

I / We confirm that the information provided by me / us on this form is complete and correct to the best of my / our knowledge and belief, and that if circumstances change, I / we will notify the Credit Union.

Applicant 1 Signature

Applicant 2 Signature

Date //20

//20

Privacy Notice

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Credit Union Use Only

Checklist

- Applicant(s) is a Member of the Credit Union > 18
- Mandatory information provided
- Declarations signed

Staff Name: _____

Staff ID:

CU Office: _____

IBAN:

Overdraft Approved Yes No

Staff Signature:

Details

Date: //20

PRE-CONTRACTUAL INFORMATION FOR OVERDRAFT FACILITY

This information should be retained by the applicant for the overdraft facility.

European Consumer Credit Information (“ECCI”) Pre-Contractual Information

Name and contact details of the Creditor	
Creditor	Comhar Linn INTO Credit Union Limited
Branch (if applicable)	
Address	33 Parnell Square, Dublin 1
Telephone	01 8731101
Fax Number	
Web Address	www.comharlinnintocu.ie

Description of the main features of the credit product	
Type of Credit	Overdraft Facility – subject to annual review and an agreed credit limit
Total amount of credit The total sum of funds made available under the agreement	€1500 The above figure is representative and may not be your actual credit limit.
The duration of the credit agreement	Annual facility automatically renewed for further periods of 12 months subject to compliance with the Terms and Conditions as set out in the Letter of Sanction issued to you.
Repayment on Demand	Yes, you may be requested to repay the amount of credit in full on demand at any time.

Cost of Credit	
The borrowing rate or, if applicable, different borrowing rates which apply to the credit agreement	12.00% variable
Costs The conditions under which these costs may be charged	Overdraft Set Up/Renewal Fee: €25.00 per annum, the fee is first payable on the date of the sanction of the facility. This fee is also charged on renewal of the facility. Fees and charges will be charged in accordance with our standard rates applicable from time to time, details of which are available in the Current Account Schedule of Fees and Charges and at www.comharlinnintocu.ie
Related costs deriving from the credit agreement	An additional charge, called surcharge interest, is payable on the amount by which you exceed your authorised overdraft limit by. The surcharge interest rate is variable and is currently 0.00%. Referral item charges are payable where an item is paid resulting in an account exceeding the agreed overdraft permission. The charge is €5.00 per item, subject to a maximum daily charge of €15.00.

Other important legal aspects	
Termination of the credit agreement.	This facility is repayable immediately in the event of bankruptcy, death or due to incapacity to continue the contract. The Credit Union may request repayment of the facility at any time on demand. Where such demand is made, it includes debit balance outstanding plus any accrued debit interest and related charges in full. The Overdraft Facility can be cancelled at any time by you, subject to any accrued debit interest and/or related charges having been repaid to the Credit Union.
Consultation of a database. The creditor must inform you immediately and without charge of the result of a consultation of a database if a credit application is rejected on the basis of such a consultation. This does not apply if the provision of such information is prohibited by European Community Law or is contrary to objectives of public policy or public security.	The Credit Union will inform you without delay if your credit application is rejected
The period of time during which the creditor is bound by the pre-contractual information.	This information is valid on the date of your overdraft application.

Additional information to be given in the case of distance marketing or financial services	
(a) Concerning the creditor.	
Registration.	Comhar Linn INTO Credit Union Limited's registered number is 393CU.
The supervisory authority	Comhar Linn INTO Credit Union Limited is regulated by the Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1, DO1 F7X3 www.centralbank.ie
(b) Concerning the credit agreement	
Right of Withdrawal	Yes
You have the right to withdraw from the credit agreement within a period of 14 days	
Exercise of the Right of Withdrawal	You have the right to withdraw from your Overdraft Facility within 14 days of receiving the Letter of Sanction. If you withdraw from your Overdraft Facility within the withdrawal period you must repay, within 30 days of dispatching notice to us of your withdrawal, the amount borrowed with interest to the date of repayment. If you do not exercise your right of withdrawal the terms of your Overdraft Facility will continue to apply
The Law taken by the creditor as the basis for the establishment of relations with you before the conclusions of the credit contract.	Comhar Linn INTO Credit Union Limited's relationship with you is governed by Irish Law.
Clause stipulating the law applicable to the credit agreement and/or the competent court.	The Overdraft facility is covered by Irish law and the Courts of Ireland have jurisdiction to resolve any matter that may arise from it.
Language regime	Information and contractual terms will be supplied in English. With your consent, we intend to communicate in English during the duration of the Overdraft Facility.
(c) Concerning redress	
Existence of and access to out-of-court complaint and redress mechanism	<p>If you wish to make a complaint you may do so in writing. Please address your complaint to</p> <p>Comhar Linn INTO Credit Union Limited, 33 Parnell Square, Dublin 1</p> <p>In the event that you are not satisfied with our response you may refer the matter to the Financial Services & Pensions Ombudsman.</p> <p>The details for the Financial Services & Pensions Ombudsman are: Financial Services & Pensions Ombudsman's Bureau of Ireland, 3rd Floor, Lincoln House Lincoln Place, Dublin 2, DO2 VH29</p> <p>Telephone number: +353(0)15677000 Lo-call: 1890 88 20 90 Email Address: info@fspoi.ie Website address: www.fspoi.ie</p>