APPLICATION FORM

(Single or Joint Account)

Address: Luke Wadding House, Anne Street, Wexford
Tel: 053 912 3909
Email: info@wexfordcreditunion.ie
Web: www.wexfordcreditunion.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 ☐ Joint Account ☐

APPLICANT 1:

Credit Union Account / Member No: ______________________

Title:________ **Forename:** ____________________________ **Surname:** __________________________ **Date of Birth:** ______________

Address: ____ **Eircode:** _____________

Length at Current Address: Less than 3 years: 3 or more years

Previous Address: (if Less than 3 years) ____ **Eircode:** _____________

Occupation: ________________________________ **PPSN:** _______________ **Nationality:** _______________________

Country of Residence: ___________________________ **Place of Birth:** __________________________

APPLICANT 2:

Credit Union Account / Member No: ______________________

Title:________ **Forename:** ____________________________ **Surname:** __________________________ **Date of Birth:** _______________

Address: ____ **Eircode:** ______________

Length at Current Address: Less than 3 years: 3 or more years

Previous Address: (if Less than 3 years) ____ **Eircode:** ______________

Occupation: ________________________________ **PPSN:** _______________ **Nationality:** ________________________

Country of Residence: ___________________________ **Place of Birth:** __________________________

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

APPLICANT 1:

Email: ______________________________ **Mobile No:** _________________________ **Home Phone No:** ____________________________

Contact Hours: Morning Afternoon Evening

APPLICANT 2:

Email: ______________________________ **Mobile No:** _________________________ **Home Phone No:** ____________________________

Contact Hours: Morning Afternoon Evening

Statement Preference: Quarterly eStatement (Free) Quarterly Postal Statement (Fee of €2.50 applies)

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, UK, 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 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

Applicant 2 Signature

Date: ______________________________

Date: ______________________________

1.4 DEBIT CARD APPLICATION

DECLARATIONS AND CONSENTS

I / We hereby apply for a 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

Applicant 2 Signature

Date: ______________________________

Date: ______________________________

Your Debit Card and Personal Identification Number (PIN) will be forwarded separately within 10 business days.
The Debit Card is issued by Transact Payments Malta Limited. Transact Payments Malta Limited is authorised and regulated by the Malta Financial Services Authority.

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.

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 ☐

Details

Staff Signature:

Date: / / 20

1.5 PARENTAL CONSENT (in respect of Members under 16)

APPLICATION FOR CURRENT ACCOUNT

Current Account Applicant Name: ____ **Member No:** ____________________

Parent / Guardian Name: ____ **Account / Member No:** ______________________

Parent / Guardian Address: ____ **Eircode:** _______________

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: ______________________________
(e.g. Current Passport or Drivers Licence)

Proof of Address:_________________________________
(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: ____________________________

Relationship to Applicant: ______________________________________

APPLICATION FOR 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: ____________________________

Data Protection Notice

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

The Debit Card is issued by Transact Payments Malta Limited. Transact Payments Malta Limited is authorised and regulated by the Malta Financial Services Authority.

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 Wexford Credit Union in accordance with the Privacy Notice which is available from the Credit Union website www.wexfordcreditunion.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: ____________________________

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

APPLICANT 1:

Employment Status: _____________________________ **Occupation:** _____________________________

Length of time in current employment: __________________

Employer's Name / Business Name (if self-employed): ____

Employer's / Business Address: ____ **Eircode:** __________________

Nature of your employment or business activity: ___________________________________

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? **Yes** **No**

If Yes, please provide details:

INCOME TYPE 1: ______________________ **Frequency:** ______________ **Amount: €**____________ **Payment Method:** _________________

INCOME TYPE 2: ______________________ **Frequency:** ______________ **Amount: €**____________ **Payment Method:** _________________

BORROWING TYPE 1: _____________________ **Frequency:** ______________ **Amount: €**___________ **Payment Method:** _______________

BORROWING TYPE 1: _____________________ **Frequency:** ______________ **Amount: €**___________ **Payment Method:** _______________

BORROWING TYPE 1: _____________________ **Frequency:** ______________ **Amount: €**___________ **Payment Method:** _______________

Residential Status: Home Owner Tenant Living with Family Other

Number of Dependents: __________________

APPLICANT 2:

Employment Status: _____________________________ **Occupation:** _____________________________

Length of time in current employment: __________________

Employer's Name / Business Name (if self-employed): ____

Employer's / Business Address: ____ **Eircode:** __________________

Nature of your employment or business activity: ___________________________________

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? **Yes** **No**

If Yes, please provide details:

INCOME TYPE 1: ______________________ **Frequency:** ______________ **Amount: €**____________ **Payment Method:** _________________

INCOME TYPE 2: ______________________ **Frequency:** ______________ **Amount: €**____________ **Payment Method:** _________________

BORROWING TYPE 1: _____________________ **Frequency:** ______________ **Amount: €**___________ **Payment Method:** ________________

BORROWING TYPE 1: _____________________ **Frequency:** ______________ **Amount: €**___________ **Payment Method:** ________________

BORROWING TYPE 1: _____________________ **Frequency:** ______________ **Amount: €**___________ **Payment Method:** ________________

Residential Status: 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: ______________________________

Date: ______________________________

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.

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 ☐

Details

Staff Signature:

Date: __ __ / __ __ / 2 0 __ __

PRE-CONTRACTUAL INFORMATION FOR OVERDRAFT FACILITY

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

Standard European Consumer Credit Information ("SECCI") Pre-Contractual Information

Provided in accordance with the Consumer Credit Directive and the Consumer Credit Act 1995 (as amended)

Identity and contact details of the creditor

Creditor	Wexford Credit Union Limited
Branch (if applicable)	
Address	Luke Wadding House, Anne Street, Wexford
Telephone number	053 912 3909
Fax Number	
Web Address	www.wexfordcreditunion.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 This means the ceiling or the total sums made available under the credit agreement.	€1500 The above figure is representative and may not be your actual credit limit.
The conditions governing the drawdown. This means how and when you will obtain the money.	You may drawdown the Overdraft Facility at any time up to a maximum of your approved Overdraft Limit. Or any increase or decrease of it as notified to you by the Credit Union on which the Overdraft Facility is made available.
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. You may be requested to repay the amount of credit in full on demand at any time.
Instalments and, where appropriate, the order in which instalments will be allocated.	You will have to pay the following: *The rate of debit interest we apply to an agreed overdraft will be stated in your Letter of Sanction.*
The total amount you will have to pay This means the amount of borrowed capital plus interest and possible costs related to your credit.	*This is set out in your Letter of Sanction.*
Repayment on Demand	Yes, you may be requested to repay the amount of credit in full on demand at any time.
Sureties required This is a description of the security to be provided by you in relation to the credit agreement.	Security may be required before we grant an Overdraft Facility. Unless we otherwise agree in writing, any security required by us as a condition of agreeing an Overdraft Facility must be provided to our satisfaction before you may use the Overdraft Facility.

Cost of the Credit

The borrowing rate or, if applicable, different borrowing rates which apply to the credit agreement	12.00% variable
Annual Percentage Rate of Charge (APR) This is the total cost expressed as an annual percentage of the total amount of credit.	For example: If you use an overdraft of €1,500 for a period of 3 months at a variable rate of 12% per annum and make no repayments or further drawings in that time, the total interest charged would be

The APR is there to help you compare different offers.	approximately €45. The total amount payable at the end of the 3 months would be €1,545. 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.wexfordcreditunion.ie
Is it compulsory, in order to obtain the credit or to obtain it on the terms and conditions marketed, to take out - an insurance policy securing the credit, or - another ancillary service contract ? If the costs of these services are not known by the creditor they are not included in the APR.	*No* *No*

Related costs

Amount of costs for using a specific means of payment	Overdraft interest is calculated on the daily overdrawn balance on the Account.
Any other costs deriving from the credit agreement	In addition to debit interest, surcharge interest will apply to any drawings in excess of the agreed Overdraft Limit.
Conditions under which the abovementioned costs related to the credit agreement can be changed	As set out in the Current Account and Debit Card Terms & Conditions.
Costs in the case of late payments. Missing payments could have severe consequences for you (e.g. forced sale) and make obtaining credit more difficult.	In addition to debit interest, surcharge interest will apply to any drawings in excess of the agreed Overdraft Limit.

Other important legal aspects

Right of withdrawal. You have the right to withdraw from the credit agreement within a period of 14 calendar days.	In addition to your contractual right to terminate your Overdraft Facility at any time you also have the right under Applicable Law to withdraw from your Overdraft Facility within 14 calendar 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.
Early repayment. You have the right to repay the credit early at any time in full or partially.	You may terminate your Overdraft Facility at any time provided your Account is operating in credit.
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 Credit Union will inform you without delay if your credit application is rejected.

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.	
Right to a draft credit agreement. You have the right, upon request, to obtain a copy of the draft credit agreement free of charge. This provision does not apply if the creditor is at the time of the request unwilling to proceed to the conclusion of the credit agreement with you.	Yes.
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 in the case of distance marketing or financial services

(a) Concerning the creditor.	
Registration.	Wexford Credit Union Limited's registered number is 130CU.
The supervisory authority	Wexford 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 You have the right to withdraw from the credit agreement within a period of 14 days	Yes
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.	Wexford 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	If you wish to make a complaint you may do so in writing. Please address your complaint to Wexford Credit Union Limited, Luke Wadding House, Anne Street, Wexford. In the event that you are not satisfied with our response you may refer the matter to the Financial Services & Pensions Ombudsman. **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 **Telephone number:** +353(0)15677000 Email Address: info@fspo.ie Website address: www.fspo.ie