



MEMBERSHIP APPLICATION FORM

Prison Service Credit Union Limited, PO Box 11666, FREEPOST F5145, Dublin 7.
Tel: 01 885 8901 / 01 830 6262 Fax: 01 885 8952 Email: info@priscu.ie www.priscu.ie

**APPLY
NOW**

Membership Application Form *(Please complete this form in block capitals)*

PAY No.:

Employee No.:

Section 1: CONTACT DETAILS

Mr. Mrs. Ms. Male Female

Surname:

First Name(s):

Home Address:

Length of time at present address:

House Flat Apt

With parents Owner Tenant

If less than 5 years at present address, indicate previous home address:

Date of Birth Day: Month: Year:

Marital Status:

PPSN

Contact Phone No.: Mobile:

Home:

Work:

Email address:

Section 2: EMPLOYMENT DETAILS

Address of Employer / Prison Location:

Prison Officer

PASO

Other (please specify):

The information given by me on this form is true and correct to best of my knowledge. I understand that any false or misleading information given by me in connection with my application for my membership with Prison Service Credit Union Ltd may result in termination of my membership, apart from any other legal sanctions that may apply.

Applicant's Signature:

Date:

Witness to Signature:

Date:

Witness Address:

IN THE EVENT THAT MY APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A PERSON WHO IS UNABLE TO GIVE RECEIPTS:

I/We hereby apply for membership in the name of the said and

I/We

acknowledge that all shares/deposits arising from this membership now and here after shall be his/her sole property and all withdrawals shall be applied to his/her sole benefit.

Signed:

Parent(s) Guardian(s) Other Date:

Section 3: FORM OF NOMINATION

THE PERSON YOU NOMINATE MAY NOT WITNESS YOUR SIGNATURE

I hereby nominate:

	Name	Address	Relationship
1			
2			
3			
4			
5			

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

Member Signature:

Date:

Witness Signature:

Date:

Witness Address:

Witness Occupation:

DATA PROTECTION & DATA PRIVACY STATEMENT

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 Prison Service Credit Union Limited in accordance with our Data Privacy Notice. Please take time to read this document which is available to you at www.priscu.ie or our main office.

CONFIRMATION

I wish to confirm that I am a Tax Resident in the Republic of Ireland Only* *Please initial your preference* Yes No

If you initialled 'No', please give the Tax Identification Number & Country of Tax Residence below

Tax Identification Number

Country of Tax Residence

I confirm that I am a Politically Exposed Person* *Please initial your preference* Yes No

I confirm that I am a Close Associate* or Family Member* of a Politically Exposed Person*

Please initial your preference Yes No

If you initialled 'Yes' to any of the options in relation to Politically Exposed Persons above, please explain why below

MARKETING

The use of your details for marketing purposes will depend on the preferences that you express below:

Opt-In Marketing:

I consent to the Credit Union informing me of goods and services that may be of interest to me by:

Email Text Message Fax Letter

Opt-Out Marketing:

Please tick the box if you do NOT want the Credit Union to inform you by email, text message, fax or letter of goods or services.

Applicant's Signature:

Date:

Witnessed by [SIGNATURE]:

Date:

Witness [PRINT NAME]:

Section 4: DEPOSIT GUARANTEE SCHEME

Basic information about the protection of your eligible deposits:

Eligible deposits in Prison Service Credit Union Ltd (PRISCU) are protected by:	the Deposit Guarantee Scheme (“DGS”) ¹
Limit of Protection:	€100,000 per depositor, per credit institution ²
If you have more eligible deposits at the same institution:	All your eligible deposits at the same credit institution are ‘aggregated’ and the total is subject to the limit of €100,000 ²
If you have a joint account with other person(s):	The limit of €100,000 applies to each depositor separately ³
Reimbursement period in case of credit institution’s failure:	15 working days ⁴
Currency of reimbursement:	Euro
To contact Prison Service Credit Union Ltd for enquiries relating to your account:	Prison Service Credit Union Limited PO Box 11666 Freepost F5145 Dublin 7 Tel: 01 885 8901 / 01 830 6262 Fax: 01 885 8952 Email: info@prisclu.ie
To contact the DGS for further information on compensation:	Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1 Tel: 1890-777777 Email: info@depositguarantee.ie
More Information:	www.depositguarantee.ie

(1) Scheme responsible for the protection of your deposit

Your deposit is covered by a statutory deposit guarantee scheme. If insolvency should occur, your eligible deposits would be repaid up to €100,000.

(2) General limit of protection

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by the DGS. This repayment covers at maximum €100,000 per person per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100,000.

(3) Limit of protection for joint accounts

In case of joint accounts, the limit of €100,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of €100,000.

(4) Reimbursement

The responsible deposit guarantee scheme is: Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1.

Tel: 1890-777777. Email: info@depositguarantee.ie. Website: www.depositguarantee.ie.

It will repay your eligible deposits (up to €100,000) within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 days from 1 January 2024 onwards, save where specific exceptions apply.

Where the repayable amount cannot be made available

within seven working days depositors will be given access to an appropriate amount of their covered deposits to cover the cost of living within five working days of a request. Access to the appropriate amount will only be made on the basis of data provided by the credit institution. If you have not been repaid within these deadlines, you should contact the deposit guarantee scheme.

(5) Temporary high balances

In some cases eligible deposits which are categorised as “temporary high balances” are protected above €100,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits relating to certain events which include:

- certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential property;
- sums paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits;
- the depositor’s marriage, judicial separation, dissolution of civil partnership, and divorce;
- sums paid to the depositor in respect of benefits payable on death; claims for compensation in respect of a person’s death or a legacy or distribution from the estate of a deceased person.

More information can be obtained at www.depositguarantee.ie

(6) Exclusions

A deposit is excluded from protection if:

- The depositor and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements.

- The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- It is a deposit made by a depositor which is one of the following:
 - credit institution
 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective investment undertaking
 - pension or retirement fund (Deposits by Small Self Administered Pension Schemes are not excluded)
 - public authority

Further information about exclusions can be obtained at www.depositguarantee.ie

Other important information

In general, all retail depositors and businesses are covered by the Deposit Guarantee Scheme. Exceptions for certain deposits are stated on the website of the Deposit Guarantee Scheme. Your credit institution will also inform you on request whether certain products are covered or not. If deposits are eligible, the credit institution shall also confirm this on the statement of account.

Acknowledgement of receipt by the depositor(s):

Applicant’s Signature:

Date:

Section 5: SALARY DEDUCTION FORM

Organisation Name: PRISON SERVICE CREDIT UNION LIMITED

To: Accountant, Irish Prison Service

I hereby agree to have my contributions to the above named organisation deducted from my salary. Such contributions will be paid to the above named organisation on my behalf. I also agree that deductions shall continue to be made unless otherwise notified by the above named organisation and that the rate of deductions may be changed from time to time by the above named organisation. I recognise that, beyond making remittance to the organisation concerned equivalent to the amount deducted, the state accepts no further responsibility in the matter. I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rests with me.

Applicant's Signature:

Date:

Block Capitals:

Employee Number:

N=New C=Change S=Stop

Date to Commence:

ASAP

Pay Number

Deduction Amount:

€

Deduction Frequency:

(Weekly/Fortnightly/Monthly)

Section 6: ANTI-MONEY LAUNDERING COMPLIANCE

1. PERSONAL DETAILS

Nationality: _____

Country of Residence: _____

2. BENEFICIAL OWNER

I declare that the individual(s)/group(s) names below are the beneficial owner(s) of the funds held in this account. I/We acknowledge that all shares/deposits arising from this membership now and here after shall be their sole property and all withdrawals shall be applied to their sole benefit.

Name of Beneficial Owner: _____

Signed: _____

Date: _____

3. BUSINESS RELATIONSHIP *(Reason for opening account)*

Shares Loans Deposits Other please specify) _____

4. DOCUMENTS REQUIRED

- 1. Fully Completed Membership Application Form (7 signatures required in total)
- 2. Photo I.D. (passport or drivers licence)
- 3. Proof of Address (recent bank statement or utility bill)
- 4. Proof of PPSN (P60 or documentation from Revenue with your PPSN on it)

Applicant's Signature: _____

Date: _____

Witness to Signature: _____

Date: _____

Section 7: FOR CREDIT UNION USE ONLY

EVIDENCE OF IDENTIFICATION *(Indicate one or more of the following with all copies attached):*

Current Valid Passport Valid Full Driving Licence Other _____

Related to Membership No: _____

Relationship: _____

EVIDENCE OF ADDRESS VERIFICATION *(Indicate one or more of the following with all copies attached):*

Original Recent Household Bill Original Bank/Building Society Statement

Telephone/Street Directory Other (please specify) _____

Section 1,2,3 & 4 under Anti Money Laundering Compliance Have Been Completed

Form of Nomination Completed CTR: Yes No

Date: _____

Proof of PPSN Provided: Yes No

Application approved and details verified in accordance with the Credit Union Rule by:

Signature: _____

Date: _____

Signature 1: _____

Signature 2: _____

Date: _____

Entered by: _____