

Deposit Guarantee Scheme – Depositor Information Sheet

Basic information about the protection of your eligible deposits
Eligible deposits in Black Raven Credit Union Ltd., are protected by: The Deposit Guarantee Scheme ('DGS')

Limit of protection: €100,000 per depositor per credit institution
Black Raven Credit Union Ltd Reg: No: 389CU

If you have more eligible deposits at the same credit institution: All your eligible deposits at the same credit institution are 'aggregated' and the total is subject to the limit of €100,000

If you have a joint account with other person(s): The limit of €100,000 applies to each depositor separately

Reimbursement period in case of credit institution's failure:
Within the current time limit as stated by the Central Bank of Ireland

Currency of reimbursement: Euro or, for branches of Irish banks operating in another member state of the EEA, the currency of that member state.

To contact Black Raven Credit Union Ltd., for enquiries relating to your account: Black Raven Credit Union Ltd., C/O County Hall, Belgard Square North, Tallaght, Dublin 24 Enquiries@blackravencu.ie

To contact the DGS for further information on compensation:
Deposit Guarantee Scheme Central Bank of Ireland PO BOX 11517 Spencer Dock, North Wall Quay, Dublin 1 Tel: 1890-777777 Email: info@depositguarantee.ie

More information: www.depositguarantee.ie

Acknowledgement of receipt by the depositor:

Signature: _____ Date: _____

Deposit Guarantee Scheme



Please tick the box to confirm the following:

I acknowledge receipt of the Depositor Information Sheet

IN THE EVENT THAT THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A MINOR WHO IS UNABLE TO GIVE RECEIPTS BY VIRTUE OF THEIR AGE AT THE TIME OF OPENING THE ACCOUNT

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 hereafter shall be his/her sole property and all withdrawals shall be applied to his/ her sole benefit.

In the event of the account being opened by more than one person it is required that: both parties / either party* be present to make withdrawals.

In the event of the account being opened by a person other than a parent/guardian of the member, [insert name of parent or guardian] _____

as parent/guardian* shall be nominated to give any necessary receipts should the member be unable to do so.

Please note that when the minor can make the necessary receipts, the signing parent/guardian will no longer have access to the account.

Applicant's Signature: _____

Date: _____

Parent(s)/Guardian(s)/Other*

Receipt of obligatory notices by email

There are certain notices that credit unions are obliged to provide from time to time. Please provide your email address if you would like to receive these obligatory, **non-marketing** communications by email (for example notice of the Annual General Meeting). This will assist the Credit Union in reducing its carbon foot print and will also reduce costs.

Email address:

Please note that we maintain the right to contact members by such means as best available to us in relation to a non-performing loan or outstanding debt to the Credit Union, including by text or email.

Your Marketing Preferences

As part of improving our service 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 use different means when sending such marketing communications. Please now indicate by which methods, if any, you consent to being contacted by ticking Yes to each method of communication below-

	Yes		Yes		Yes
Post	<input type="checkbox"/>	Text	<input type="checkbox"/>	Mobile call	<input type="checkbox"/>
Email	<input type="checkbox"/>	Landline call	<input type="checkbox"/>		

Signature

Date:

You have a right to notify us free of charge at any time of your right to refuse such marketing by writing to/emailing **enquiries@blackravencu.ie** or by using the "opt-out" options in any marketing message we send you.

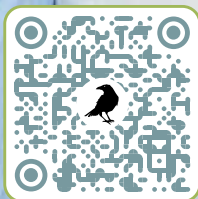
Please contact us directly should you wish to change or withdraw your consent.

BLACK RAVEN
CREDIT UNION LTD



APPLICATION FOR MEMBERSHIP

Not just a Credit Union,
Your Credit Union



blackravencu.ie

Comhairle Contae
Fhine Gall
Fingal County
Council



Comhairle Contae
Átha Cliath Theas
South Dublin County Council



 **dlr**
Comhairle Contae County Council

Please complete all sections in block capitals.

Name:

Payroll Number:

Family Member: Yes ☐ No ☐

If yes, Family Member Account Number:

PPSN:

Address:

Occupation:

Employer:

Contract of employment: Permanent ☐ Temporary ☐

Duration if temporary:

Start Date:

Phone:

Date of Birth:

PEP*: Yes ☐ No ☐

Family Member/Close Associate of a PEP*: Yes ☐ No ☐

If the applicant is less than five years at the above address, please state the immediate prior address:

I hereby apply for membership of and agree to abide by the rules of the above 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 my application for or my membership with the Credit Union may result in termination of my membership, apart from any other legal sanctions that may apply.

Source of Funds:

What is your expected level of activity on your account?
€_____ per week / fortnight / month

Purpose of the account:

I confirm that the account is for my own personal use and benefit Yes ☐ No ☐

If you answer No above, please specify the beneficial owner:

Applicant's Signature:

Date:

PLEASE TAKE TIME TO READ THE PRIVACY NOTICE OF THE CREDIT UNION WHICH OUTLINES HOW AND WHY WE PROCESS YOUR PERSONAL DATA. A COPY IS AVAILABLE FOR YOU TO TAKE AWAY AND YOU CAN ACCESS THE PRIVACY NOTICE AT ANY TIME ON www.blackravencu.ie

* **Politically Exposed Person (PEP)** is an individual who is entrusted with a prominent public function, other than as a middle ranking or more junior official. Please also declare if you are a family member or close associate of a PEP. The relevant list is provided below.

A PEP includes the following:

- a) heads of state, heads of government, ministers and deputy or assistant ministers;
- b) members of parliament or of similar legislative bodies;
- c) members of the governing bodies of political parties;
- d) members of supreme courts, of constitutional courts or of other high-level judicial bodies, the decisions of which are not subject to further appeal, except in exceptional circumstances;
- e) members of courts of auditors or of the boards of central banks;
- f) ambassadors, chargés d'affaires and high-ranking officers in the armed forces;
- g) members of the administrative, management or supervisory bodies of state-owned enterprises;
- h) directors, deputy directors and members of the board or equivalent function of an international organisation.

Family members of a PEP includes the following:

- (a) any spouse of the politically exposed person;
- (b) any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person resides;
- (c) any child of the politically exposed person;
- (d) any spouse of a child of the politically exposed person;
- (e) any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides;
- (f) any parent of the politically exposed person;
- (g) any other family member of the politically exposed person who is of a prescribed class.

A known close associate of a PEP includes the following:

- (a) any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person;
- (b) any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person;

Or as defined by law at time of account opening.

This information is requested for the purpose of compliance with the credit union's obligations under Anti Money Laundering and Terrorist Financing legislation. If you are uncertain as to your status please discuss with the credit union.

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:

1. TIN*

Country of Tax Residence*

2. TIN*

Country of Tax 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.

Signature (of Applicant or Parent/Guardian on behalf of Minor)

Date:

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:

Signature (of Applicant or Parent/Guardian on behalf of Minor)

Date:

* 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, date of birth, place of birth, 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 the Data Protection Acts 1988 and 2003 as amended by any national legislation and the GDPR 2016 from 25th May 2018. 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.revenue.ie/en/business/aeoi/>**