

## Your Application must be accompanied by:

### 1. Proof of Id:

Copy of one of the following current and valid;

- Passport
- Driving licence
- ML10 form

### 2. Proof of address:

Copy of one of the following documents which should be from the last 3 months;

- Utility bill
- Bank statement
- Insurance letter

### 3. Proof of PPSN:

Copy of one of the following recent documents;

- Payslip
- P60
- European health card

## Monthly Car Draw

Subscription €1.50 per week.

Non profit making.

To take part in the Draw just  the appropriate box on the attached Membership Application Form.

You could win a car or one of many other prizes.



## CANA Credit Union Family Membership Form

(To be completed by the Family Member wishing to join CANA Credit Union)

(Please complete all sections in **BLOCK CAPITALS**)

For the purpose of this application the Revenue Employee (who is already a member of CANA Credit Union) is referred to as the **Sponsor** and the family member is referred to as the **Applicant**

Full Name:

Home Address:

Date of Birth:

Sex (Male/Female):

Mobile Number:

PPSN:

(This is required for the reporting of certain interest payments to Revenue)

Occupation:

Source of Funds:

Purpose of the Account:

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

if you ticked **NO** above, please specify the beneficial owner;



CANA House  
85/93 Lower Mount Street  
Dublin 2. D02 VP79  
T: (01) 6766151 or (01) 6623946  
E: info@canacu.ie

[www.canacu.ie](http://www.canacu.ie)

CANA Credit Union is regulated  
by the Central Bank of Ireland

**CANA**  
REVENUE STAFF  
CREDIT UNION

I wish to be included in the monthly **CAR DRAW** and I agree to abide by its rules, rules are available to read on our website [www.canacu.ie](http://www.canacu.ie)

(tick as appropriate ) Yes  No

Signed:

(Draw participants must be over 18)

Name of Sponsor:

Relationship to the sponsor:

I hereby apply to join CANA Credit Union and agree to abide by its rules

Signed:

Date:

## Form of Nomination

(To be completed by the Sponsor)

Sponsors Name:

Home Address:

Account Number:

Name of Family Member  
Making Application to join:

Relationship to you:

Does the applicant reside with you at the above address Yes  No

I confirm that the above particulars are true:

Signature of Sponsor :

Date:

## Authorisation form for splitting Salary Deduction amount

(To be completed by the Sponsor)

to CANA Credit Union Ltd.

Please divide my Salary Deduction amount in the following manner and lodge each amount to the accounts specified below until further notice:

Account Number	Name of Account	Amount Allocated

Balance to my own Share/Loan account:

Total Salary Deduction:

Sponser Name:

Account No:

Signature of Sponsor :

Date:

If you would prefer to pay into CANA through your bank account please tick this box

## 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\*

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:

Name

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:

Name

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, 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 & 2003. 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](mailto:aeoi@revenue.ie) or see <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

## Deposit Guarantee Scheme

Please tick the box to confirm the following  
I acknowledge receipt of the Deposit information sheet

Signed:

Account Number:

### Deposit Guarantee Scheme – Depositor Information Sheet

Basic information about the protection of your eligible deposits	
Eligible deposits in CANA Credit Union 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 credit 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 or, for branches of Irish banks operating in another member state of the EEA, the currency of that member state.
To contact CANA Credit Union for enquiries relating to your account:	CANA Credit Union 85/93 Lower Mount Street Dublin 2 01-6766151 or 01-6623946 Email : info@canacu.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:	<a href="http://www.depositguarantee.ie">www.depositguarantee.ie</a>
Acknowledgement of receipt by the depositor:	

## Additional information

### (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. 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](http://www.depositguarantee.ie)

### (4) Reimbursement

The responsible deposit guarantee scheme is: Deposit Guarantee Scheme, Central Bank of Ireland, PO Box 11517, Spencer Dock, North Wall Quay, Dublin1. Tel: 1890-777777. Email: info@depositguarantee.ie. Website: [www.depositguarantee.ie](http://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.

### 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.

### Consent to use and disclosure/Data Protection Acts, 1988 and 2003 and Section 71 of the Credit Union Act, 1997 (as amended)

I understand that under the Data Protection Acts, 1988 and 2003 (the "DPA"), my consent may be required for the credit union to process personal data that it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data, such as data about my health, within the meaning of the DPA, the processing of which requires my explicit consent. I also understand that under Section 71 of the Credit Union Act, 1997 (as amended), the credit union, subject to exceptions listed in the Section, shall not disclose or permit to be disclosed, without my consent, any information that concerns an account or transaction of mine with the credit union.

## Giving your consent

For the purpose of assessing my application for a loan and generally for administering and monitoring any accounts I have with the credit union:

I consent:

- (i) to you seeking information concerning applications for loans and my credit history from the date of my original consent from any other credit union and for that purpose you may disclose any relevant information in this loan application to any such other credit union;
- (ii) to any other credit union disclosing information to this credit union concerning applications for loans and my credit history from the date of my original consent with any such other credit union;
- (iii) to you disclosing any information in my application or in respect of any account or transaction of mine with the credit union from the date of my original consent authorised officers or employees of the Irish League of Credit Unions for the purpose of fulfilling requirements under the Savings Protection Scheme if such a scheme is operated on behalf of the credit union by the Irish League of Credit Unions; and
- (iv) to you disclosing any information in my application or in respect of any account or transaction of mine with the credit union to authorised officers or employees of ECCU Assurance Company Limited for the purpose of provision of insurance cover, which may apply, subject to the terms and conditions of cover provided by ECCU Assurance Company Limited to the credit union as policyholder; and
- (v) to the processing of any information relating to me, either contained in this form or any other form or application, for the purpose of assessing this application and administering any accounts I maintain with the credit union.

## Correspondence

For convenience, it may be necessary for the credit union to contact you via email or text message. Please note the credit union maintains the right to contact you by such means as best available to it in relation to a non-performing loan or outstanding debt to the credit union.

Email address:

Mobile number:

## Marketing

From time to time, the credit union would like to inform you of goods, services, competitions and or/ promotional offers available from the credit union and carefully selected third parties which may be of interest to you. **We do not give your details directly to the 3rd party.**

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

**Opt-In (Marketing by email, text message and fax)**

We consent to the credit union or third parties, informing us of goods or services, competitions and promotional offers that may be of interest to us by email, text message or fax available from the credit union and carefully selected third parties.

**Opt-Out (other forms of marketing)**

Please tick the box opposite if you do **not** want the credit union to inform you by phone or letter of goods, services, competitions and promotional offers that may be of interest to you that are available from the credit union and carefully selected third parties.

**Please note that you have the right to access personal data held about you by the credit union and to correct any inaccuracies in such data.**

Signature of applicant:

Date:

Witnessed by:

Date:



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 CANACreditUnion

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**CANA**  
REVENUE STAFF  
CREDIT UNION

# FAMILY MEMBERSHIP FORM

