



Juvenile Application Form

PLEASE NOTE THAT THIS COMPLETED JUVENILE FORM SHOULD BE ACCOMPANIED BY COPIES OF:

- ☐ Birth Certificate/Passports must be provided for all juvenile accounts.
- ☐ Proof of identity (Passport or Driving Licence) must be provided for the Parent/Guardian opening the account.
- ☐ Proof of Address (Bank Statement or Utility Bill dated within the last 6 months) must be provided for the Parent/Guardian opening the account.

Please note that documents provided must be stamped and verified by An Garda Síochána if you cannot visit our First Tech Credit Union branch in person.

SECTION 1: JUVENILE PERSONAL DETAILS:

Member No.

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|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

First Name: _____ Surname: _____

Date of Birth: _____ PPSN: _____

Home Address: _____

If less than 3 years at present address, please indicate previous home address:

Previous Address: _____

Nationality: _____ Country of Residence: _____

SECTION 2: PARENT/GUARDIAN PERSONAL DETAILS

Member No.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

First Name: _____ Surname: _____

Date of Birth: _____ PPSN: _____

Home Address: _____

If less than 3 years at present address, please indicate previous home address:

Previous Address: _____

Nationality: _____ Country of Residence: _____

Mobile Phone No: _____ Email: _____

SECTION 3: 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 First Tech Credit Union Ltd. in accordance with our Data Privacy Statement.

Please take time to read this document which is available to you at www.firsttech.ie or in our branch at 55 Dawson St, Dublin 2.

SECTION 4: ANTI-MONEY LAUNDERING COMPLIANCE

BENEFICIAL OWNER

I declare that as the account holder _____ I am the beneficial owner of the funds held in this account

Yes ☐ No ☐

If you ticked No above, please specify the beneficial owner of the account _____

BUSINESS RELATIONSHIP (Reasons for opening account)

Savings ☐

METHOD OF SAVINGS TO YOUR ACCOUNT:

Parent/Guardian Salary Deduction ☐ Other (Please Specify) _____

POLITICALLY EXPOSED PERSONS

Are you or a member of your family a Politically Exposed Person?* Yes ☐ No ☐

If you ticked Yes, please specify: _____

*As defined in Section 37(10) of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 a **politically exposed person** is a person who holds or has held within the previous year a prominent public position (e.g. TDs, Senators, heads of state, high-ranking government or army officials, government ministers, high court judges etc.). If you are unsure whether you are a PEP or not, please ask a member of staff.

SECTION 5: TAX RESIDENCY FOR THE PURPOSE OF THE COMMON REPORTING STANDARD**

Are you tax resident in the Republic of Ireland? Yes ☐ No ☐

If you are NOT a tax resident in the Republic of Ireland please provide your Tax Identification Number ("TIN") and country of Tax Residence:

"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 First Tech Credit Union Ltd.

Signature: _____

*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 applicable data protection laws. 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 <https://www.oecd.org/tax/automatic-exchange>

SECTION 6: DEPOSIT GUARANTEE SCHEME

The Depositor Information Sheet provides important information in relation to the Deposit Guarantee Scheme and your related rights. The sheet is provided to you in conjunction with your application for membership.

Please tick the box to confirm you have received the Depositor Information Sheet ☐

SECTION 7: EUROPEAN COMMUNITIES (PAYMENT SERVICES) REGULATIONS 2018

Accounts held with First Tech Credit Union Ltd. are operated in accordance with Regulation 76 of the European Union (Payment Services) Regulations 2018. Please take time to read a copy of your 'Framework Contract' which is available to you at www.firsttech.ie.

SECTION 8: DECLARATION

I hereby apply for membership in the name of (juvenile's name) _____ and agree to abide by the rules of the credit union. A copy of the rules is available at www.firsttech.ie

I acknowledge that any shares/deposits arising from this membership now and hereafter shall be his/her sole property and all withdrawals shall be applied for his/her sole benefit and declare that the account will not be operated as a second account for my benefit.

Note: Withdrawals on accounts for members over the age of 7 are only permitted once the juvenile member is present with the authorised signatory on the account (parent/guardian). Both the juvenile member and the authorised signatory to the account must sign for withdrawals and advise of the purpose of the withdrawal.

I understand that on reaching the age of 16 years authority will pass to the member to operate the account in his/her own right on foot of his/her own signature.

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 this application for membership of First Tech Credit Union Ltd. may result in termination of membership, apart from any other legal sanctions that may apply.

I will promptly notify the Credit Union of any changes in the information I have provided and confirm that I will inform the Credit Union in writing of the details of such changes and any other relevant material/information of which I may become aware of any time after the date of this Declaration.

SECTION 8: SIGNATURES

Parent/Guardian: _____ Print Name: _____ Date: ____/____/____

Juvenile: _____ Print Name: _____ Date: ____/____/____

Witness: _____ Print Name: _____ Date: ____/____/____

FOR CREDIT UNION USE ONLY

| Evidence of Identification (Copies must be attached) | Parent (Please tick) | Juvenile (Please tick) | Evidence of Address (Copies must be attached) | Parent (Please tick) | Juvenile (Please tick) |
|---|-------------------------|---------------------------|--|-------------------------|---------------------------|
| Current Valid Passport | | | Recent Household Utility Bill | | |
| EU National Identity Card | | | Statement from a Credit Institution | | |
| Birth Certificate (under 16 only) | | | Correspondence from an Insurance Company | | |
| Current Valid Driving Licence (EU, UK) | | | Correspondence from a Government Department / State Agency | | |
| Other (please specify) | | | Other (please specify) | | |

Application approved and details verified in accordance with standard rules by: (Membership Committee)

Signature:

Date:

Print Name: