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| **Current Account Application** |
| **Account Type** | Single or Joint | **Account/ Member No:** |  |
| **Name:**  |  |  |
| **Address:** |  |  |
| **Country of Residence:** |  |  |
| **Accommodation Status:** |  |  |
| **Home Tel:** |  |  |
| **Work Tel:** |  |  |
| **Email:** |  |  |
| **Mobile Tel:** |  |  |
| **Suitable Contact Time:** |  |  |
| **Occupation:** |  |  |
| **Employment Status:** |  |  |
| **Nationality:** |  |  |
| **Country of Birth:** |  |  |
| **Date of Birth:** |  |  |

**ACCOUNT USAGE**

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| --- | --- |
| What will this account be used for?  |  |
| Where will the money be coming from to fund this account?  |  |
| How often will you be lodging to this account? |  |
| What is your estimated monthly lodgement? |  |
| What % will be in cash? |  |
| Will your income be mandated? If so, how much?  |  |
| Will this be your main current account for every day banking? |  |
| Statement Preference:**\*Y = E-Statement N = Postal Statement** |  |

**ANTI-MONEY LAUNDERING, TERRORISM, FATCA, CRS LEGISLATION [ACNO]**

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| --- | --- |
| **Applicant 1** | **Applicant 2** |
| How have you accumulated your overall wealth? |  |  |
| Do you intend making any external lump sum lodgements to this account ion the next 6/12 months? |  |  |
| If yes, please indicate how much the lump sum lodgements would be? |  |  |
| What is the source of these funds? |  |  |
| Do you intend to transact with any countries outside of the following areas: Ireland, the EU Liechtenstein, Iceland, Norway, North America or Australia/New Zealand? |  |  |
| Are you a US Citizen? |  |  |
| What country are you tax resident in? \* |  |  |
| If you are tax resident outside of Ireland please provide your Tax Identification No. (TIN) \* |  |  |

**POLITICALLY EXPOSED PERSONS (PEP)**

|  |  |  |
| --- | --- | --- |
| Are you a politically Exposed Person (PEP) as defined in section 37(10) of the Criminal Justice (Money Laundering and Terrorist Financing Act) ***– Please circle appropriate answer*** | **Yes No**  | **Yes No** **If applicable** |

\*This information is being sought for the purposes of reporting obligations under the Foreign Account Tax Compliance Act (FATCA), Automatic Exchange of Information (AEOI) and Common Reporting Standard (CRS) as provided 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 Data Protection law. Only data that is legally required to be reported will be provided to the Revenue Commissioners. For more information on this contact Revenue at aeoi@revenue.ie

|  |  |
| --- | --- |
| I/We confirm that the account is for my/our own personal use and benefit | **Yes No**  |
| If ticked No above, please specify the beneficial owner | Name:Address: |

|  |  |
| --- | --- |
| **Applicant's Signature:** **…......................................................................................**  | **2nd Applicant's Signature: (if applicable)** **…......................................................................................** |
| **Print Name:**  |  | **2nd Print Name:****(if applicable)**  |  |
| **Date:**  |  | **Date:**  |  |

 **[ACNO]**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Privacy Notice**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 [CONAME] in accordance with the Privacy Notice which is available on our website at <https://www.caracreditunion.ie/> and in any of our offices.

|  |  |
| --- | --- |
|   | **Tick:** |
| I/We hereby apply for a Current Account in my/our names  |  |
| I/We have read the Terms and Conditions, a copy of which has been provided to me/us  |  |
| I/We confirm that the information provided by me/us on this form is true and correct to the best of my/our knowledge & belief, and that if my/our circumstances change, I/We will notify the Credit Union |  |

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| --- | --- |
| **Applicant's Signature:** **…......................................................................................**  | **2nd Applicant's Signature: (if applicable)** **…......................................................................................** |
| **Print Name:**  |  | **2nd Print Name:****(if applicable)**  |  |
| **Date:**  |  | **Date:**  |  |

**Application taken by: Date:**

**Application approved and details verified in accordance with the standard rules by:**

**Signed: …............................................................ Date:**

**(Credit Union Staff Member Signature)**