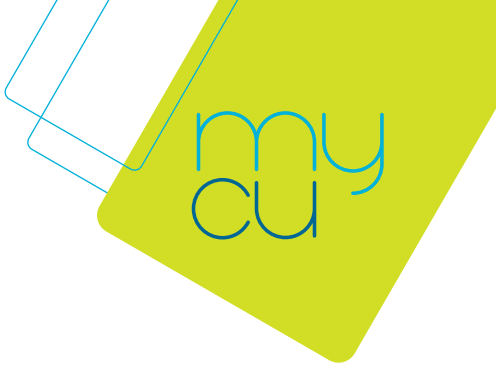




Kilmallock Credit Union Ltd
 Lord Edward Street, Kilmallock, Co Limerick, V35 YP20



Application for MYCU Current Account

MYCU Current Account and MYCU Debit Mastercard applications are open to members who are 12 years of age and older and resident on the island of Ireland. Accounts may be either sole accounts or, in the case of members aged 16 years and over, joint (two members) accounts for which one or both applicants may apply for a MYCU Debit Card to operate on the account.

Your Personal Details

MYCU Current Account Type	Sole Account <input type="checkbox"/>	Joint Account <input type="checkbox"/> (16 years or older only)
	First Applicant	Second Applicant
Credit Union Membership No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name	Title <input type="text"/> First Name <input type="text"/> Surname <input type="text"/>	Title <input type="text"/> First Name <input type="text"/> Surname <input type="text"/>
Address	<div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	<div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>
Eircode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Length at Current Address	3 years or more <input type="checkbox"/> Less than 3 years <input type="checkbox"/>	3 years or more <input type="checkbox"/> Less than 3 years <input type="checkbox"/>
Previous Address (if less than 3 years)	<div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div>	<div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div>
Date of Birth	DD/MM/YY <input style="width: 60px;" type="text"/>	DD/MM/YY <input style="width: 60px;" type="text"/>
Country of Birth	<input style="width: 270px;" type="text"/>	<input style="width: 270px;" type="text"/>
Employment Status	<input style="width: 270px;" type="text"/>	<input style="width: 270px;" type="text"/>
PPSN	<input style="width: 270px;" type="text"/>	<input style="width: 270px;" type="text"/>
Occupation	<input style="width: 270px;" type="text"/>	<input style="width: 270px;" type="text"/>
Employer	<input style="width: 270px;" type="text"/>	<input style="width: 270px;" type="text"/>

Important You may be asked to provide proof of identity (e.g. passport, driving licence) and/or proof of address (e.g. bank statement, utility bill) to support your application if we do not hold this documentation on file or it is not current. This is a legal requirement.
Privacy Notice The details provided in this form, together with any other information that is furnished to us in connection with this application will be retained and processed by the Credit Union in accordance with the Privacy Notice which is available on www.mycu.ie

Contact Details and Preferences

Email	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Preferred Contact Hours	Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>	Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>
Statement Preference	Quarterly eStatement (Free) <input type="checkbox"/>	Quarterly Postal Statement (Fee of €2.50 applies) <input type="checkbox"/>
Note: Please let us know your preferred method of communication	Phone <input type="checkbox"/>	Post <input type="checkbox"/> Email <input type="checkbox"/>

You may change your communication and marketing preferences by contacting the Credit Union.

	First Applicant	Second Applicant
Will this be your main current account for everyday living expenses?		
What is the source of funding for the current account?		
Will you be switching your current account to us from another credit institution?		
Are you a U.S. Citizen?		
Provide your Tax Identification Number (TIN) in each country (excl. Republic of Ireland) where you are tax resident and / or pay tax and the name of each such country.		
Are you a politically exposed person (PEP) or have you been a PEP at any time in the past 12 months?		

Declarations and consents

I / We hereby apply for a MYCU Current Account in my / our names.

I / We acknowledge that I / we have read and accept the MYCU Current Account Terms & Conditions (incorporating Distance Marketing Information for Current Accounts) and the MYCU Current Account Schedule of Fees & Charges, copies of which are available from the Credit Union website and offices.

I / We acknowledge that I / we have read and understood the Deposit Guarantee Scheme - Depositor Information Sheet.

I / We confirm that the information provided by me / us on this form is complete and accurate to the best of my / our knowledge and belief, and that, if circumstances change, I / we will notify the Credit Union.

First Applicant Signature

Date

Second Applicant Signature

Date

Application for MYCU Debit Card

Declarations and consents

I / We hereby apply for a MYCU Debit Mastercard® in my / our names.

I / We acknowledge that I / we have read and accept the MYCU Debit Card Terms & Conditions and the MYCU Current Account Schedule of Fees & Charges copies of which are available from the Credit Union website and offices.

I / We confirm that the information provided by me / us on this form is complete and accurate to the best of my / our knowledge and belief, and that, if circumstances change, I / we will notify the Credit Union.

Debit Card Required (Tick Box) First Applicant Second Applicant

First Applicant Signature

Date

Second Applicant Signature

Date

Your MYCU Debit Card and Personal Identification Number (PIN) will be forwarded separately within 5-7 business days of approval of your application.

Privacy Notice

The details provided in this form, together with any other information that is furnished to us in connection with this application will be retained and processed by the Credit Union in accordance with the Privacy Notice which is available on www.mycu.ie

Credit Union Use Only

Checklist

- First Applicant is a Member of the Credit Union
- Second Applicant is a Member of the Credit Union
- Mobile Number held for each Debit Card holder
- Account statement preference
- Declarations signed
- Proof of I.D.
- Proof of address
- PPSN documentation
- Eligible for Concession banking
- Declarations signed

Account Opening Approved	<input type="checkbox"/>
Account Opening Refused	<input type="checkbox"/>
Reason:	
Debit Card(s) Approved	<input type="checkbox"/>
Debit Card(s) Refused	<input type="checkbox"/>
Reason:	

IBAN:

Staff Signature

Staff Name _____ Date _____

Application for Overdraft Facility on MYCU Current Account

Applications for an overdraft will be approved for applicants aged 18 years or older. In the case of a joint account each applicant must be at least 18 years old.

Important Notice regarding Central Credit Register

Under the Credit Reporting Act 2013, lenders are required to provide personal and credit information for credit applications (such as an overdraft application) and credit agreements of €500 and above to the Central Credit Register. Information will be held on the Central Credit Register and may be used by other lenders when making decisions on credit applications. The Central Credit Register is owned and operated by the Central Bank of Ireland. For more information see www.centralcreditregister.ie

Requested Overdraft Limit	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Min. €200 / Max. €5,000)	
Employment Status	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employer's Name / Business Name (if self-employed)	<input type="text"/>	<input type="text"/>
Employer's / Business Address	<input type="text"/>	<input type="text"/>
Nature of your employment or business activity	<input type="text"/>	<input type="text"/>
Length of time in current employment	<input type="text"/>	<input type="text"/>

First Applicant

Have you ever been made bankrupt, entered into a Personal Insolvency Arrangement, Debt Settlement Arrangement or Debt Relief Notice, made any arrangements with creditors, had any Court judgements for debt made against you or been in arrears with an existing or previous loan?

Yes No

If Yes, please provide details below

Second Applicant

Have you ever been made bankrupt, entered into a Personal Insolvency Arrangement, Debt Settlement Arrangement or Debt Relief Notice, made any arrangements with creditors, had any Court judgements for debt made against you or been in arrears with an existing or previous loan?

Yes No

If Yes, please provide details below

First Applicant

Net Income (State Source)	Frequency	Amount	Payment Method

Second Applicant

Net Income (State Source)	Frequency	Amount	Payment Method

Existing Borrowings

Type of Borrowing (e.g. Mortgage, Car Loan)	Balance Owed	Repayment Amount	Frequency

Existing Borrowings

Type of Borrowing (e.g. Mortgage, Car Loan)	Balance Owed	Repayment Amount	Frequency

Declarations and consents

I / We hereby apply for an Overdraft Facility in my / our name(s).

I / We acknowledge that I / we have read and accept the Current Account and Debit Card Terms & Conditions (incorporating Distance Marketing Information for MYCU Current Accounts) and the MYCU Current Account Schedule of Fees & Charges copies of which are available from the Credit Union website and offices.

I / We confirm that the information provided by me / us on this form is complete and accurate to the best of my / our knowledge and belief, and that if circumstances change, I / we will notify the Credit Union.

First Applicant Signature

Date

Second Applicant Signature

Date

Privacy Notice

The details provided in this form, together with any other information that is furnished to us in connection with this application will be retained and processed by the Credit Union in accordance with the Privacy Notice which is available on www.mycu.ie

Credit Union Use Only

Checklist

Each Applicant is a Member of the Credit Union

Each Applicant is 18 years of age or older

Mandatory information, including PPSN for each applicant, has been verified

Declarations signed

IBAN:

Overdraft Approved Yes No

If No, please provide reasons below

Staff Signature

Staff Name _____ Date _____

Pre-Contractual Information for Overdraft Facility

This information should be retained by the applicant for the overdraft facility.

European Consumer Credit Information (“ECCI”) Pre-Contractual Information

Name and contact details of the Creditor

Creditor	Kilmallock Credit Union
Address	Lord Edward Street, Kilmallock, Co Limerick, V35 YP20
Telephone	063 98355
Web Address	www.kilmallockcu.ie

Description of the main features of the credit product

Type of Credit	Overdraft Facility - subject to annual review and an agreed credit limit
Total amount of credit (The total sum of funds made available under the agreement)	€1500 The above figure is representative and may not be your actual credit limit.
The duration of the credit agreement	Annual facility automatically renewed for further periods of 12 months subject to compliance with the Terms and Conditions as set out in the Letter of Sanction issued to you.
Repayment on Demand	Yes, you may be requested to repay the amount of credit in full on demand at any time.

Cost of Credit

The borrowing rate or, if applicable, different borrowing rates which apply to the credit agreement	12.00% variable
Costs The conditions under which these costs may be charged	Overdraft Set Up/Change/Renewal Fee is €25.00. The overdraft facility automatically renews annually. Fees and charges will be charged in accordance with changes to our standard rates that become applicable from time to time, details of which are available in the MYCU Current Account Schedule of Fees and Charges at Neither surcharge interest nor referral charges are payable.
Related costs deriving from the credit agreement	None

Other important legal aspects

Termination of the credit agreement.	This facility is repayable immediately in the event of bankruptcy, death or due to incapacity to continue the contract. The Credit Union may request repayment of the facility at any time on demand. Where such a request is made, the amount to be repaid includes debit balance outstanding plus any accrued debit interest and related charges in full. The Overdraft Facility can be cancelled at any time by you, subject to repayment of any debit balance plus accrued debit interest to the Credit Union.
Consultation of a credit register.	The Credit Union will inform you without delay if your overdraft facility application is declined on the basis of consultation with a Central Credit Register. We will give you details of the Credit Reference Agency unless we are prohibited from doing so by law or if doing so is contrary to the objectives of public policy or public security.
The period of time during which the creditor is bound by the pre-contractual information.	This information is valid on the date of your overdraft application.

Pre-Contractual Information for Overdraft Facility

Additional information to be given in the case of distance marketing or financial services

(a) Concerning the creditor	
Registration	Kilmallock Credit Union's registered number is 167CU.
The supervisory authority	Kilmallock Credit Union is regulated by the Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1, DO1 F7X3 www.centralbank.ie
(b) Concerning the credit agreement	
Right of Withdrawal	Yes. You have the right to withdraw from the credit agreement within a period of 14 days of receiving the Letter of Sanction.
Exercise of the Right of Withdrawal	You have the right to withdraw from your Overdraft Facility within 14 days of receiving the Letter of Sanction. If you withdraw from your Overdraft Facility within the withdrawal period you must repay, within 30 days of dispatching notice to us of your withdrawal, the amount borrowed with interest to the date of repayment. If you do not exercise your right of withdrawal the terms of your Overdraft Facility will continue to apply.
The Law taken by the creditor as the basis for the establishment of relations with you before the conclusions of the credit contract.	Kilmallock Credit Union's relationship with you is governed by Irish Law.
Clause stipulating the law applicable to the credit agreement and/or the competent court.	The Overdraft facility is covered by Irish law and the Courts of Ireland have jurisdiction to resolve any matter that may arise from it.
Language regime	Information and contractual terms will be supplied in English. With your consent, we intend to communicate in English during the duration of the Overdraft Facility.
(c) Concerning redress	
Existence of and access to out-of-court complaint and redress mechanism	<p>If you wish to make a complaint you may do so in writing. Please address your complaint to:</p> <p>Kilmallock Credit Union Lord Edward Street, Kilmallock, Co Limerick, V35 YP20</p> <p>In the event that you are not satisfied with our response you may refer the matter to the Financial Services & Pensions Ombudsman.</p> <p>The details for the Financial Services & Pensions Ombudsman are: Financial Services & Pensions Ombudsman's Bureau of Ireland, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, DO2 VH29</p> <p>Telephone number: +353 (0) 1567 7000 Lo-call: 1890 88 20 90 Email Address: info@fspo.ie Website address: www.fspo.ie</p>