



Resolution

To Harp and Crown Credit Union Limited

We confirm that at a properly convened meeting was held on _____ at which it was resolved that:

1. We wish to open an account with Harp and Crown Credit Union LTD and in doing so agree to abide by the social objects, rules, policies and procedures of the credit union.
2. The individual/s representing our organisation have completed all required personal details and provided identification documents according to the requirements of the credit union.
3. The credit union can rely on the appointed representatives until it receives written confirmation of changes to representatives.
4. To provide the credit union with the relevant documents as indicated on page one under corporate account definition and requirements.

Declaration: (two signatures required)

We certify that the above Resolution is a true copy of the resolution passed at the meeting detailed above.

Signed _____ Signed _____
 Office Held _____ Office Held _____
 Date _____ Date _____

Drawing Instructions:

Harp and Crown Credit Union is hereby authorised to accept instructions of* _____ of the following *insert as appropriate e.g. "any two", "all" as required.

Name	Position/Title	Specimen Signature	Date

Supplemental Information – Anti Money Laundering guidance requires that we obtain details of all shareholders, directors or beneficial owners holding more than 25% of shares in the organisation **who are NOT signatories**. If applicable, please complete details below.

Full name _____

Position _____ Time with Organisation _____

Address _____

Town _____ Postcode _____

Phone No. _____ D.O.B _____

Email _____

National Insurance No _____

Are you a member of this Credit Union as an individual? Yes No

Member Number if applicable _____

Signature _____ Date _____



HARP & CROWN

CREDIT UNION LIMITED

Corporate/Group Membership



Serving our Members
Savings & Loans



Confirming and verifying identification of individuals

In common with other financial institutions, we require validation and identification of **all signatories** to the account. Individuals representing organisations will be required to produce identification documents giving proof of name, date of birth and address in accordance with the credit union's normal identification requirements for individual members. In addition, we will require details of all shareholders, directors or beneficial owners holding more than 25% of shares in the organisation who are NOT signatories.

To assist in identification and verification and to prevent fraud and money laundering we may use your information to search the Electoral Register and in searches with fraud prevention agencies. The agencies used would retain your information for 12 months regardless of whether this application is successful or not.

By completing this form, you are deemed to agree to any additional verification procedures.

To verify you as a bone fide organisation we also require the following:

Club, Society, Association or Charity

- > A copy of the constitution
- > A list of officers, including names and addresses

Unincorporated Charity

- > A copy of the constitution
- > Northern Ireland Charity Number
- > A list of officers, including names and addresses

Trust

- > A copy of the Trust Deed
- > A list of Trustees, including names and addresses

Full name of Organisation _____

Primary Contact for communications (Full Name) _____

Correspondence Address _____

Town _____ Postcode _____

Phone No. _____

Email _____

Legal Status

Unincorporated Organisation

Charitable Incorporated Organisation CIO

Charity Registered in N.I.

Other _____

Does your Organisation have a governing or regulatory body?

Yes No

If 'Yes' please provide details _____

Main Activity of your Organisation:

Information about the people acting as the authorized signatories on behalf of your organisation

1.

Full name _____

Position _____ Time with Organisation _____

Address _____

Town _____ Postcode _____

Phone No. _____ D.O.B _____

Email _____

National Insurance No _____

Are you a member of this Credit Union as an individual? Yes No

Member Number if applicable _____

Signature _____ Date _____

2.

Full name _____

Position _____ Time with Organisation _____

Address _____

Town _____ Postcode _____

Phone No. _____ D.O.B _____

Email _____

National Insurance No _____

Are you a member of this Credit Union as an individual? Yes No

Member Number if applicable _____

Signature _____ Date _____



3.

Full name _____

Position _____ Time with Organisation _____

Address _____

Town _____ Postcode _____

Phone No. _____ D.O.B _____

Email _____

National Insurance No _____

Are you a member of this Credit Union as an individual? Yes No

Member Number if applicable _____

Signature _____ Date _____

4.

Full name _____

Position _____ Time with Organisation _____

Address _____

Town _____ Postcode _____

Phone No. _____ D.O.B _____

Email _____

National Insurance No _____

Are you a member of this Credit Union as an individual? Yes No

Member Number if applicable _____

Signature _____ Date _____

