

IRISH PAPER CLEARING COMPANY LIMITED

(the “Company”)

ASSOCIATE MEMBERSHIP APPLICATION FORM

To: The Secretary,
Irish Paper Clearing Company Ltd.
5th Floor,
Nassau House,
Nassau Street,
Dublin 2.

We, [Credit Union name] of [address] hereby apply for associate membership of the Company.

We confirm that we have received a copy of the Memorandum of Association, the Articles of Association (“Articles”) and the Rules for Membership (“Membership Rules”) of the Company.

We also confirm that (a) we are an undertaking, other than a credit institution, providing one or more of the financial services set out in the Schedule to the European Communities (Licensing and Supervision of Credit Institutions) Regulations 1992; (b) that we are (and continue to be) supervised by a competent authority (as defined in those Regulations), being the Registrar of Credit Unions; and (c) that we are authorised by such competent authority to provide money transmission services as noted in paragraph 4 of those Regulations.

We enclose a certified copy of our existing regulatory authorisation as a credit union, as issued by the Registrar of Credit Unions, and noting therein that we are authorised by the Registrar to provide money transmission services to our members.

We confirm that we have in place with [name of ordinary member bank] an agency arrangement governed by written contract and approved by the Central Bank of Ireland (as regulator of payment systems) in relation to our participation in the System (as defined in the Articles) through such agency. We enclose a copy of aforementioned Central Bank approval.

We confirm that we can and will be able to comply with the Rules for Clearing (as defined in the Articles) to the extent applicable to our participation in the System*.

We undertake to comply with the Articles and the Membership Rules (noting in particular the terms of Rule C2 of the Membership Rules).

We confirm that we have been allocated sort code number [number] by [name of ordinary bank] for the purposes of our participation in the System.

*It is the responsibility of the ordinary member engaged as agent to ensure that its associate member is capable, on a technical and operational basis, of working within the Rules for Clearing

Please be advised that our contact details regarding our membership of the Company are as follows:

1st Contact Name:

Position:

Postal Address:

E-mail Address:

Tel:

Fax:

Alternate Contact Name:

Position:

Postal Address:

E-mail Address:

Tel:

Fax:

We look forward to receiving your confirmation that the Board of the Irish Retail Electronic Payments Clearing Company Ltd. has approved our application for associate membership.

Date:

Signed by: _____

For and on Behalf of
[applicant credit union name]
under resolution of the [Board]

Signed by: _____

For and on Behalf of
[applicant credit union name]
under resolution of the [Board]