

## JUNIOR MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Member Number:

Forenames:

Surname:

Current Address:

Town:

Post Code:

### PERSONAL INFORMATION

Date of Birth:

Place of Birth:

### NOMINATION DETAILS

The name(s) of all individuals to whom there shall be transferred in the event of your death such property in the Credit union as may at the time of your decease whether in shares or otherwise.

Member No:

Phone No:

Name:

Relationship:

Address:

Town:

Post code:

### NOMINEE SIGNATURES

I confirm that the information provided on my application is true and is not being used to carry out any fraudulent activities on this account or for any other purpose. I am aware that as a member I must abide by the rules of the Credit Union.

Print Name:

Signature :

Date:

Witness:

Member No:

Witness:

Member No:

**ID Requirement** Birth Certificate