

# JUNIOR SAVERS APPLICATION

First Name		Surname	
Date of Birth		Contact Number	
Home Address			
		Post Code	
School Attended		Class	

I am under 16 years of age and apply to become a Junior Saver of the West Cheshire Credit Union and promise that I shall keep to the rules of the Credit Union. I have no objection to my details being held on computer database (in accordance with the Data Protection Act). I understand that my details will be kept confidential and not passed to other organisations.

Signed:	Date:
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If the applicant is too young to sign, a responsible adult should sign on their behalf and the relationship with the applicant noted below.

To be completed by responsible adult with the authority to open an account on behalf of junior applicant.

- I authorise the account to be opened in the above name
- I request that the West Cheshire Credit Union have an authorised signature from myself as below to authorise share withdrawals on this account until the applicant reaches age 16.

I ask that my instructions remain in force until they are changed in writing or the junior saver reaches the age of 16.

I understand that when the applicant reaches 16 years of age the account will be converted into full adult membership at which time only the account holder will have authority to operate the account.

Signed:	Date:
Full Name (please print)	
Relationship to applicant:	Date of Birth:
Address:	
	Postcode:

**To comply with Anti money laundering regulations we need to confirm the details of the account holder and the responsible adult signing on their behalf (if applicable). Please provide for each person one of the following:-**

Junior Applicant	Responsible adult
Birth Certificate	Passport/Birth Certificate
Passport	Bank stmt/utility bill
Headteacher Signature to confirm above details are correct <b>Signed:</b>	I agree to electronic verification of my identity <b>Signed:</b>

OFFICE USE ONLY	Date Received:	AML check for adult	Junior Saver Membership Number	
	Details passed to School:		Welcome pack sent	