|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Details** (please complete in block capital letters) | | | | |
| **Full Name:** |  | | | |
| **Title:** |  | **Date of Birth:** | |  |
| **Nationality:** |  | **Place of Birth:** | |  |
| **Address:** |  | | | |
|  | | | |
|  | | **Post Code:** |  |

**Important Information about Junior Membership:**

* Children over the age of seven are able to withdraw money from their account without the consent of a parent/guardian
* Parents/Guardians wishing to access the account will need to have the account holder present or hold a signed declaration from the Junior Member allowing them to make a withdrawal

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration** | | | |
| I wish to be a Junior Saver with Celtic Credit Union. I agree to follow the rules of the Credit Union and confirm that  all information given on this form is correct. | | | |
| **Signature:** |  | **Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent/Guardian Details** (Please complete in block capital letters) | | | | | |
| **Full Name:** |  | | | | |
| **Address:** |  | | | | |
|  | | | **Post Code:** |  |
| **Contact Number:** |  | | **Date of Birth:** | |  |
| **Are you a Parent or Guardian?** | Parent / Guardian | Membership Number  *(if existing CCU member)* | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration** | | | |
| I hereby apply for membership on behalf of the named child and agree to abide by the rules of the Credit Union. I declare that the information given by me on this form is true and correct to the best of my knowledge. I understand that Celtic Credit Union will process my data in accordance with my rights under the Data Protection Act 1998 and GDPR 2018. I understand and agree once the child is seven years or older I will no longer have access to the account and will require the presence of the account holder or declaration from the account holder to be able to gain access. | | | |
| **Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***For Office Use Only*** |  |  |  |
| **Membership Number Allocated:** |  | **Amount of First Deposit:** | £ |
| **Passbook Issued:** | Yes / No | **Identification Verified:** | Yes / No |
| **Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***For School Use Only*** (Please complete in block capital letters) | | | |
| **I confirm that:** |  | **Date of Birth:** |  |
| **Is a pupil at:** | 362 Llanrhidian Primary School | **FSM:** | Yes / No |
| **Signed:** |  | **Date:** |  |
| **Position held:** | Administration | | |