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| **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

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| **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:** |   |

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| **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)* |  |

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| **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:**  |   |

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

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| ***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 |