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Junior credit union member details											Authorised parent/ guardian details												
Title											Title												
First name	ne											First name											
Last name	ne												ne										
Date of birth		,									Date	of birth											
	D	D		MN	N	Y	Y	.Υ	Y				1	D	D	Μ	Μ	1	Y	Y	Y	Y	
Child signature											Paren <sup>.</sup> signat	:/ guard ure	lian										
Date of birth											Date	of birth											
	D	D		MN	Л	Y	Y	Y	Y		<u> </u>			D	D	Μ	М	J	Y	Y	Y	Y	
Address															Instruc	tions	for A	pplic	ants				
															Compl	ete th	e sha	ded	boxe	s in B	LOCK		
Postcode															CAPITA								
Time at address	Months Years													Before receiving your card, the credit union will supply you with terms and									
duiress															conditi								
Parent/guardian email address														terms and conditions before receiv- ing the card.									
Phone number																							
FOR COMPL	ETION	I BY	CRE	DIT U	NION	AUT	HOF	RISED	D SI	GN/	ATOR	Y	_										
Credit Union															Instruct	ions f	or cre	edit u	union	S	,		
Child's member numbe	r														Please r		this a	appli	catio	n forr	n for		
Date of parent KYC														(	office u	se.						)	
KTC .	[	)	D		M	M		L_,	Y	Y	Y	Y											
Availa											D APF						SIDA Joername Password Romenber use	1429	sh	]			
L Ap	P	J		e					J	σ	30	e pla	ду				6	Quick Balance					

**Contis Group**<sup>\*</sup> Contis Financial Services Ltd is authorised by the Financial Conduct Authority to issue e-money (Firm Reference Number: 900025) and is a principal member of Visa Europe. Please note it is not covered by the Financial Services Compensation Scheme.

