



Junior credit union member details												
Title												
First name												
Last name												
Date of birth												
	D	D	M	M	Y	Y	Y	Y				

Authorised parent/ guardian details												
Title												
First name												
Last name												
Date of birth												
	D	D	M	M	Y	Y	Y	Y				

Child signature												
Date of birth												
	D	D	M	M	Y	Y	Y	Y				

Parent/ guardian signature												
Date of birth												
	D	D	M	M	Y	Y	Y	Y				

Address												
Postcode												
Time at address	Months			Years								

Instructions for Applicants

Complete the shaded boxes in BLOCK CAPITALS

Before receiving your card, the credit union will supply you with terms and conditions. Please ensure you take time to read and understand the terms and conditions before receiving the card.

Parent/guardian email address												
Phone number												

FOR COMPLETION BY CREDIT UNION AUTHORISED SIGNATORY

Credit Union												
Child's member number												
Date of parent KYC												
	D	D	M	M	Y	Y	Y	Y				

Instructions for credit unions

Please retain this application form for office use.

