Junior Membership Form

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Terms and Conditions of Junior Membership

- A Junior Account can be opened for any child up to the age of **18.**
- There is **no charge** associated when becoming a Junior Member of the Credit Union
- Children over the **age of seven** can withdraw from their account **without their parents/guardian's consent**
- Parents/Guardians will need to have their child present or have a signed authorised withdrawal form along with identification if they wish to withdraw funds when the child is over the **age of seven**.
- Annual interest will be paid into the account at the end of the Credit Unions Financial Year (end of September)
- With the application, a **valid passport or birth certificate** is required.
- Parents/Guardians will need to provide **two forms of identification** if opening an account on the child's behalf unless they are already a member.

Junior Member Details *(please complete in block capital letters)*

Title:	Master / Miss / Other:_____	**National Insurance Number:**	
Forename(s):			
Middle Name(s):			
Surname:		**Gender:**	Male / Female
Email Address:		**Date of birth:**	
Telephone Number:		**Mobile Number:**	
Home Address:			
		Post Code:	
Country of Residence:		**Nationality:**	

Declaration

- I hereby apply to open a Credit Union Junior Account and agree to abide by the Credit Union rules and policy governing the operation of Junior Accounts.
- I declare that the information given by me on this form is true and correct to the best of my knowledge.

Signature:		**Date:**	

Parent/Guardian Details *(Please complete in block capital letters)*

Forename(s):			
Middle Name(s):			
Surname:		**Date of Birth:**	
Home Address:			
		Post Code:	
Country of Residence:			
Contact Number:		**Membership Number:**	
Are you a Parent or Guardian?	Parent / Guardian		

Parent/Guardian 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 be able to withdraw from the account and;
- I will require the presence of the account holder or have a signed authorised withdrawal form and identification (if required) to be able to withdraw from the account.

Signature:		**Date:**	

Respecting Your Privacy

The information requested on this form is to assist the credit union in managing your account. Keeping your information safe is a responsibility we take very seriously, our Privacy Notice explains what you can expect from us when it comes to your information. If you wish to receive a copy, please contact the office or alternatively visit our website www.celticcreditunion.co.uk

For Office Use Only

Membership Number Allocated:		**Amount of First Deposit(£):**	
Passbook Issued:	Yes / No	**Identification Verified:**	Yes / No
Signature:		**Date:**	