

## Application for Junior Membership

No.  (OFFICE USE ONLY)
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To be completed in BLOCK CAPITALS and returned to Craigmillar Credit Union, 2 Niddrie Mains Road, Edinburgh EH16 4BG. Tel: 0131 661 9942 Fax: 0131 661 6472 E: [craigmillarcu@googlemail.com](mailto:craigmillarcu@googlemail.com)

### GENERAL DETAILS

Title: (Master/Miss) ..... Surname: .....

Forename(s): ..... Date of Birth: .....

Home Address: .....

Post Code: .....

Sponsoring School (if applicable) .....

Junior Savers Signature: ..... Date: .....

Adult Signatory (Parent/Guardian/Grandparent): ..... Date: .....

Credit Union Membership Number (if applicable) ..... Tel: .....

Relationship to Saver: .....

Address: .....

..... Post Code: .....

Account withdrawals require adult's signature until the junior reaches the age of 10 years.

If you do not wish your child to make any withdrawals without your consent please sign here: .....  
(On reaching the age of 16 your child will be responsible for his/her account)

If the adult is already a member a form of identification is required for the child/children – a birth certificate or a letter from their school verifying their identity is required. If the adult is not a member he/she must also provide 2 proofs of his/her identity – a recent utility bill with name and address, passport, driving licence, national insurance number (e.g letter from benefits agency or payslip).

Office Use:

Junior Saver Ref. Number: ..... ID Checked – Junior .....

Processed by: ..... ID Checked – Adult .....

Date: .....