



Registered Office: 8 Bank Street, Alloa, FK10 1HP
Tel: 01259 214200
e-mail: clackscu@btconnect.com
Website: clackmannanshirecreditunion.com

JUNIOR MEMBERSHIP

New Account Number	
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APPLICANT DETAILS

Name: _____
Address: _____ _____
Date of Birth: _____ Date of Application: _____
Type of Identification: _____ (Copy attached)

PARENT/ GUARDIAN DETAILS

Credit Union Acc No: _____
Name: _____
Address: _____ _____
Post Code: _____ Tel No: _____
Relationship to Child: * _____

Any communication or transactions regarding the above junior account must be dealt with by the person who opened the account on the child's behalf up until the age of 16.

I, the * _____ of the applicant, hereby apply to open an account in the name of the applicant and I agree to abide by the rules of Clackmannanshire Credit Union Ltd regarding such account and declare that the information given by me on this form is true and correct.

Guardian's Signature: _____