

JUNIOR & FORM



MEMBERSHIP APPLICATION



Angus Credit Union Ltd.

TO BE COMPLETED IN **BLOCK CAPITALS** AND RETURNED TO:

ANGUS CREDIT UNION LTD.
11 CASTLE STREET, FORFAR, DD8 3AE

Telephone: 01307 463388
Email: ewenacu@btconnect.com

MEMBERSHIP NUMBER <small>(OFFICE USE ONLY)</small>	
Telephone Password	

PERSONAL DETAILS

MISS/MASTER		SURNAME	
ADDRESS			
ADDRESS		POST CODE	
TELEPHONE		MOBILE PHONE	
SCHOOL (IF APPLICABLE)		CLASS	
DATE OF BIRTH			

SIGNATURE OF JUNIOR: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

NAME OF PARENT/GUARDIAN/GARDPARENT: _____ **M/SHIP No.** _____

COMPULSORY FORMS OF IDENTIFICATION: Birth Certificate: (copied and checked) _____

I _____, hereby nominate (name of beneficiary)	
OF (BENEFICIARY'S ADDRESS)	
	POST CODE
RELATIONSHIP TO APPLICANT	
As the person to whom there shall be transferred all monies in my Credit Union account as may be mine at the time of my decease, whether in shares or otherwise.	
SIGNATURE OF JUNIOR *:	DATE:
SIGNATURE OF WITNESS:	DATE:
(The witness MUST be over 18 years of age and MUST NOT be the beneficiary)	
<ul style="list-style-type: none"> If the Junior is under 7 years of age then the signature of the Parent or Guardian is required. 	

The following rules will apply to all Junior Accounts and “Smiley Saver Club” accounts opened with Angus Credit Union from the 1st May 2009

1. All **Junior Accounts** including “Smiley Saver Club” accounts opened in a minor’s name are the **sole** property and **owned** by the named minor.

2. The procedure for **share withdrawals** from a Junior Account including “Smiley Saver Club” accounts shall be that the *Parent* or *Guardian* of the named minor (regardless of whosoever deposits monies into that account) shall be the **sole signatory** for share withdrawals until the minor reaches the age of **seven years**.

3. The parent/guardian and Junior member must sign for share withdrawals until the minor reaches the age of **sixteen years**.

4. Angus Credit Union will request an Annual specimen of the named minor’s signature after the age of **seven years** to take into account the minor’s progressive development in writing skills.

5. **No** annual service charge (currently £5.00 for adult membership) will be deducted from a **Junior Savings Account**.

I will supply Angus Credit Union with a passport size picture which will be attached to my Membership File as a future form of identification when making share withdrawals.

NOTE: We can take your photo during the registration process at no cost to you. This only applies to members over the age of twelve.

DECLARATION:

I hereby apply for membership and agree to abide by the rules of Angus Credit Union Ltd. I declare that the information provided by me on this form is true and correct to the best of my knowledge and belief.

Signature: Date:

DATA PROTECTION STATEMENT:

In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purposes of managing your accounts with the credit union. Your personal details will be treated confidentially and will only be shared with other agencies for the purposes of credit referencing and debt recovery, for which purpose we hold a Category F consumer credit licence.

OFFICE USE ONLY

I.D. Verification:	Checked by:	Date:
Proof of name and address	Checked by:	Date:
Application for Membership	Approved by:	Date: