



PERTH and KINROSS
CREDIT UNION



Application for Junior Credit Union Membership

Membership No.

Junior Details

NAME: _____

ADDRESS: _____

POST CODE: _____ DATE OF BIRTH: _____

I/D PROVIDED: Birth Certificate Passport

Sponsor 1 Details

(Sponsor 1 has full control of account until junior is 16 years old)

ACCOUNT NUMBER: NAME: _____

ADDRESS: _____

POST CODE: _____ PHONE NUMBER: _____

RELATIONSHIP TO JUNIOR: _____

Sponsor 2 Details

(In the event of Sponsor 1 relinquishing control, Sponsor 2 controls the account until the junior is 16 years old)

ACCOUNT NUMBER: NAME: _____

ADDRESS: _____

POST CODE: _____ PHONE NUMBER: _____

RELATIONSHIP TO JUNIOR: _____

I understand, that as a sponsor of a junior account, I will have full control the above savings account & while anyone may deposit into the account, I am the only one that can withdraw savings until the junior is 16 years old. I acknowledge that once the junior is 16 years old they are required to open an adult savings account and can deposit or withdraw savings as they wish. I also confirm that in the event of my death I nominate the above person (Sponsor 2) to take over sponsorship of the account until the junior reaches the age of 16.

Name: _____

Signature: _____ Date: _____