



South Manchester Credit Union

SOUTH MANCHESTER CREDIT UNION LIMITED

Membership
Number:

Application for Junior Saver Account

Surname _____

Forenames _____

Address _____

Postcode _____

Tel. No. _____

D. O. B. _____

School Attended _____

I wish to join the Credit Union as a Junior Saver and agree to abide by the rules of South Manchester Credit Union Ltd. And declare that to the best of my knowledge the information given by me on this form is true and correct.

Signed _____

(If under seven, signature of parent/carer)

To be completed by Parent/Carer

I wish my child to join the Credit Union as a Junior Saver and agree to abide by the rules of South Manchester Credit Union Ltd. And declare that to the best of my knowledge the information given by me on this form is true and correct.

Signed _____

Parent's/Carer's Name _____

Identification documents must be produced before an account is opened.

These should be a Birth certificate for the child, and if applicable medical card, passport or child benefit book.

Documents shown: _____