

# JUNIOR APPLICATION



Account Number \_\_\_\_\_

## APPLICANT DETAILS

Name:	_____		
Address:	_____ _____ _____		
Date of Birth:	_____	Date of Joining:	_____
Type of Identification:	_____		

## PARENT/ GUARDIAN DETAILS

Credit Union Acc No:	_____		
Name:	_____		
Address:	_____ _____ _____		
Date of Birth:	_____	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.

For and on behalf of the first names person I, the guardian of the said person, hereby apply to open an account in the name of the said person and I agree to abide by the rules of Pollok Credit Union Ltd regarding such account and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

Guardian's Signature: \_\_\_\_\_