

Falkirk District Credit Union
Head Office
4 Station Road
Grangemouth
FK3 8DG
Tel: 01324 473695

OFFICE USE ONLY

Membership no:

I confirm I have ensured this form has been completed correctly and seen all supporting evidence.

SIGNED:

DATE:

JUNIOR APPLICATION

APPLICANT INFORMATION

Surname: (Miss/Master)

All Forenames:

Home Address:

.....

.....

Post Code:

Date of Birth:

School Class

PARENT/GUARDIAN

Name Of Parent/Guardian:

Address:

.....

Postcode

Parent's email address

Parent's telephone no

FDCU Account No

Relationship

Signature (parent/guardian):.....

Signature (Witness):

PROOF OF IDENTITY

FDCU has a statutory duty to confirm the identity of all applicants.

Please provide an item to verify your application.

- Current passport
- Birth Certificate

DECLARATION

I hereby apply to join Falkirk District Credit Union. I agree to abide by the rules and accept the decisions of the members at general meetings and the elected Commission. I declare that the information given on this form is true and correct to the best of my knowledge and belief.

I consent to receive information (on behalf of my child) from Falkirk District Credit Union **YES**

Signature (parent/guardian):.....

Date: