

iccu Young Saver member application

Islwyn Community Credit Union Ltd.

CU Office. Wesley Road, Blackwood, NP12 1PP.

Tel: 01495 222832 – info@islwyncu.co.uk – www.islwyncu.co.uk



iccu Young Savers' is for young people from 0 to 16 years old

Member Number

Please complete the following in BLOCK CAPITALS

Young saver details

| | | | |
|--------------------|---------|-------------|--------|
| Title: | Surname | Forename(s) | |
| Address: | | | |
| | | Postcode: | |
| Date of Birth: | / | / | Email: |
| Tel: | Mobile: | | |
| School or College: | | | |

Adult signatory details

Islwyn Community Credit Union member No. _____

| | | | |
|------------------------------|---------|-------------|--------|
| Title: | Surname | Forename(s) | |
| Address: | | | |
| | | Postcode: | |
| Date of Birth: | / | / | Email: |
| Tel: | Mobile: | | |
| Relationship to Young saver: | | | |

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

Young Saver member Signature: _____ Date / /

Adult Signature: _____ Date / /

Please choose when the Young Saver will become responsible for their own account.

Taking money out of the Young Saver account needs both signatures until the age of ____ (minimum 11 years old).

Signature of CU rep.: _____ Date / /

School ID verification: We can accept ID verification from schools without the need for the usual paper proofs. However, the school must confirm the identity of the child by signing below:

School's authorised signatory _____ Date / /

Signing on behalf of _____ school.