



Smart Money Cymru Credit Union Junior Membership Form

64-66 Cardiff Road
Caerphilly
CF83 1JQ
029 2088 3751

Email: info@smartmoneycymru.co.uk

Website: www.smartmoneycymru.co.uk

Applicant's Name: _____ D.O.B.: ____/____/____ Age: _____

Address: _____

Post Code: _____

*Please supply a copy of the child's Birth Certificate as a form of identification.
Two forms of identification are required for Parent/Guardian opening the account.*

Parent/Guardian Name: _____ Membership Number: _____

Address: _____

Post Code: _____ Contact Number: _____

I hereby apply to open a Credit Union Junior Deposit Account and agree to abide by the Credit Union rules and policy governing the operation of Junior Deposit Accounts. I further declare that the information given by me on this form is true and correct to the best of my knowledge.

Applicant Signature: _____ Parent/Guardian Signature: _____

For Office Use Only (To be completed by the Credit Union Officer)

ID Supplied: _____

Verified By: _____ Position in Credit Union: _____

Date: ____/____/____

Membership Accepted / Refused

Account Setup: Yes / No

Book Issued: Yes / No

Deposit Made: £ ____:____

Comments: _____