



Calderdale Credit Union
13 Northgate
Halifax
HX1 1UR
Telephone: 01422 393106

Junior Savers Application Form

Childs Full Name: _____
Address: _____
Post Code: _____
Telephone Number: _____
School: _____
Applicants Signature: _____ Date: _____

Name of Parent/Guardian: _____
Address: _____
Post Code: _____
Telephone Number: _____
Signature: _____ Date: _____

Nomination of Beneficiary form for Junior Members

I Hereby declare that I am the Parent/Guardian/Carer/s of

Childs Full Name: _____
Address: _____
Post Code: _____
Junior Member No: _____

And for legal purposes only, in the event of the Death (accidental or otherwise) of the junior member. All property/shares belonging to the said junior member shall become the property of the Beneficiary names below.

Beneficiary Name: _____
Address: _____
Post Code: _____
Signature: _____ Date: _____
Witness: _____ Date: _____

(The witness shall **NOT** be the Beneficiary)

Office use only

Member Number: _____ Office/Collection Point: _____
Date Received: _____ Date Entered on System: _____