

FRST SAVERS APPLICATION FORM

About the First Saver

First Savers' Full name:		
Address:		
Postcode:	Date of Birth:	Gender:
Account Trustee		
Name:	Member No (if a member):	
Address:		
Postcode:	Telephone Number:	
NI Number:		
Relationship to First Saver:		
I would like to open a First Saver Account for I wish to be the Trustee on the account until the First Saver reaches the age of At this age the first saver can take full control of the Account. I agree to abide by the Credit Unions Terms and Conditions.		
Signed:	Date:	
Identity Verification for the School		
Name of School:		STAMP
Name:		
Job Title:		
I confirm the identity and the address of the above applicant. I agree to abide by the Credit Union Terms and Conditions.		
Signed:	Date:	

Leeds City Credit Union Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority – firm reference number 213369. This information may be checked by visiting www.fca.org.uk or www.bankofengland.co.uk/pra . White Rose Credit Union and Your Loan Shop are trading names of Leeds City Credit Union Ltd.