

FIRST 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:

Name:

Job Title:

STAMP

I confirm the identity and the address of the above applicant. I agree to abide by the Credit Union Terms and Conditions.

Signed:

Date: