



Membership Number: _____

APPLICATION TO OPEN ACCOUNT FOR PERSON TOO YOUNG TO BE A MEMBER
Knockninny Credit Union Limited

MINOR APPLICANT INFORMATION

Name: _____

Date of Birth: DD MM YYYY

Current Address: _____

Postcode: _____

PARENT / GUARDIAN INFORMATION

Name: _____

Parent Membership No: _____

Date of Birth: DD MM YYYY

Current Address: _____

Postcode: _____

Home Telephone: _____

Mobile: _____

Email Address: _____

For and on behalf of the first-name person I, [name of parent/guardian] the parent / guardian of the said [name of minor] hereby apply to open an account in the name of the said [name of minor] and I agree to abide by the rules of Knockninny Credit Union Limited regarding such account and declare that the information given by me on this form is true and correct to the best of my knowledge and belief. I acknowledge that all shares/deposits arising from this membership now & hereafter shall be his/her sole property & all withdrawals shall be applied to his/her sole benefit.

Signature of Parent / Guardian: _____

Date: DD MM YYYY

I (Minor) [name of minor] aged [insert age] years hereby confirm the above application and I wish to open an account in Knockninny Credit Union Limited.

Signature: _____

Date: DD MM YYYY

N.B – Rule 18 of Standard Rules for Credit Unions (Northern Ireland) reads:

18. Two months before a minor depositor attains the age of 16 the credit union shall serve upon him and his signing parent or guardian a notice requiring the minor on attaining that age either to withdraw the balance of the account or to join the credit union so that the balance can be transferred to shareholding in his name in the credit union;