

MEMBERSHIP **APPLICATION FORM**



GADIA CO-OPERATIVE CREDIT UNION

Section 1:	Details of Minor
First Name(s):	Surname:
Date of Birth:	Nationality:
Address:	
Length of time at	present address: If living at this address less than 3 years, please state previous address:
Section 2:	Details of Parent/Guardian 1
First Name(s): Date of Birth:	Surname: Surname: GADIA CU A/C No:
Address:	Nationality: GADIA CU A/C No:
Address.	
	Email
Contact Details:	
Contact Details:	Mobile: Work:
Section 2:	Details of Parent/Guardian 2
First Name(s):	Surname:
Date of Birth:	Nationality: GADIA CU A/C No:
Address:	
	Email
Contact Details:	Mobile: Work:

Membership No.
Section 3: Please tick () the relevant box to answer the question
Reason for opening account: Shares Deposits Other (please specify)
Please tick (🗸) the relevant box to answer the following questions:
1. I will promptly notify the Credit Union of any changes in the information which I have provided and confirm that I will inform the Credit Union in writing of the details of such changes and any other relevant/material information of which I may become aware at any time after the date of this Declaration.
MEMBERSHIP OF GADIA CREDIT UNION LTD IS SUBJECT TO APPROVAL BY THE MEMBERSHIP COMMITTEE
I hereby apply for membership of and agree to abide by the rules of GADIA Co-operative Credit Union and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.
All property in the account is the sole property of the minor named above in whose name the account is held, and all withdrawals shall be applied to his/her sole benefit.
Minor Account Withdrawals Until the child reaches the age of seven, withdrawals can only be made by either the Parent(s)/Guardian(s) named on this form. For withdrawals after the child has reached the age of seven, please indicate who can make withdrawals from the account:
Child Parent(s)/Guardian(s) as named above
Either parent named above may make withdrawals without the others consent.
Where both boxes are ticked, either the child or parent may withdraw.
Upon the minor reaching the age of sixteen, s/he is entitled to make withdrawals from their own account and the Parent(s)/Guardian(s) will no longer be entitled to withdraw money on behalf of the minor.
Signature of Child: Date:
Parent/Guardian Signature: Date:
Parent/Guardian Signature: Date:
OFFICE USE ONLY
CJA Compliance
Proof of Identity Valid passport Driving Licence Other
Proof of Address Utility Bill Bank Statement Other
Proof of PPSN Requested: Yes No Received: Yes No PEP: Yes No
Signed: Date:
Checked By:
GADIA

