



Wesleyan Holiness Co-operative Credit Union Ltd.
'Not for profit but for people'

ACCOUNT # _____

JUNIOR SAVERS APPLICATION FORM

Do you have membership in another Credit Union in Barbados?

NO YES. If yes, kindly state the Credit Union's name: _____

PERSONAL INFORMATION

(Valid Identification Required, e.g., National ID, Passport, Birth Certificate)

GENDER: <input type="radio"/> MALE <input type="radio"/> FEMALE	DATE OF BIRTH:	AGE:	NATIONAL REGISTRATION NO:
FIRST NAME :	MIDDLE NAME :	SURNAME :	

FULL HOME ADDRESS: (Include house or Apt. number, street or avenue, area and parish).

SCHOOL ATTENDED:

EMAIL ADDRESS:

PARENT/GUARDIAN INFORMATION

RELATIONSHIP: FATHER MOTHER MALE GUARDIAN FEMALE GUARDIAN

FIRST NAME :	MIDDLE NAME :	SURNAME :
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IDENTIFICATION PRESENTED: ID CARD NO. PASSPORT NO. DRIVER'S LICENSE:

IDENTIFICATION NUMBER:

FULL HOME ADDRESS: (Include house or Apt. number, street or avenue, area and parish).

TELEPHONE: (H)	TELEPHONE: (W)	TELEPHONE: (C)
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AFFIDAVIT – I consent to my child/ward obtaining membership with the Wesleyan Holiness Co-operative Credit Union Ltd. I understand that I may operate the account independently of the child/ward until they reach 16 years. I agree that at reaching age 16, they will have full and independent control over the account and I will no longer be required to consent to transactions or any other business on the account.

SIGNATURE OF PARENT/GUARDIAN

DATE:

DECLARATION

I declare that the information I have provided on my application is true and accurate. I agree to abide by the By-Laws and policies of this Credit Union.

SIGNATURE OF PARENT/GUARDIAN

DATE:

PROPOSED BY: (Full name)

SIGNATURE:

DATE:

ACCOUNT #

PROPOSED BY: (Full name)

SIGNATURE:

DATE:

ACCOUNT #

SUBMIT FORM

FOR OFFICIAL USE ONLY

MEMBERSHIP APPROVED BY:

SIGNATURE:

DATE:

NAME & TITLE OF AUTHORISING OFFICER

SIGNATURE:

DATE:

NAME & TITLE OF AUTHORISING OFFICER

SIGNATURE:

DATE: