

Application For Membership (Minor Account)

Belleek Garrison Credit Union Limited

Name:.....

Membership Number:

Address:.....

Date Of Birth:...../...../.....

.....

Male/ Female (*Delete as appropriate*)

.....

Post Code:.....

Contact Number:.....

PARENT/GUARDIAN

Name:.....

Date Of Birth:...../...../.....

Parents Membership Number:

**Financial Services Compensation Scheme
Information Sheet and Exclusions List
Declaration**

Please tick the box below to confirm the following:

I acknowledge receipt of the Information Sheet and Exclusion List

I hereby apply for membership of and agree to abide by the rules of Belleek Garrison Credit Union

Limited, and declare that the information given on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information may result in the termination membership.

Minors Signature :.....(If Applicable) **Date:**

Parent/Guardian Signature:..... **Date:**

Please note that by signing this form you agree to the rules and regulations of Belleek Garrison Credit Union Ltd and their holding of your personal data under 1998 Data Protection act and rule 163 of the standard rules for credit unions which can be viewed overleaf.

Please also note that under rule 18 of the standard rules the credit union shall notify the member and parent when the member is nearing 16 years old to transfer to senior membership. Should no action be taken the credit union will deem that senior membership has been applied for and will transfer the balance after the deduction of the normal joining fee.

