



Junior Account Application Form

Smart Money Cymru Community Bank
64-66 Cardiff Road, Caerphilly. CF83 1JQ

Tel: 029 2088 3751

Email: info@smartmoneycymru.co.uk

Web: www.smartmoneycymru.co.uk

Applicant's Name: _____ D.O.B.: ____/____/____ Age: _____

Address: _____

Post Code: _____

*Please supply a copy of the child's Birth Certificate as a form of identification.
Two forms of identification are required for the Parent opening the account.*

Parent Name: _____ Membership Number: _____

Address: _____

Post Code: _____ Contact Number: _____

I hereby apply to open a Junior Deposit Account with Smart Money Cymru Community Bank and agree to abide by their rules and policies governing the operation of Junior Deposit Accounts. I further declare that the information given by me on this form is true and correct to the best of my knowledge. **Signing will confirm you are happy for the credit union to hold your child's data.**

Applicant Signature: _____ Parent Signature: _____

Respecting Your Privacy - The information requested on this form is to assist Smart Money Cymru in managing your account. Keeping your information safe is a responsibility we take very seriously, our Privacy Notice explains what you can expect from us when it comes to your information. If you wish to receive a copy please contact the office or alternatively visit our website www.smartmoneycymru.co.uk

For Office Use Only (To be completed by the Office)

ID Supplied: _____

Verified By: _____ Position in Credit Union: _____

Date: ____/____/____ Membership Accepted / Refused Deposit Made: £ ____: ____

Comments: