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## **Application for Junior Membership**

	New Account Number		
APPLICANT DETAILS			_
Name:			
Address:			
Date of Birth:	Date of App	plication:	
Type of Identification: (Copy attached)	·		
PARENT/ GUARDIAN DETAILS			
Credit Union Account Num	ber (if applicable):		
Name: _			
Address: _			
Post Code:	Tel No	):	
Relationship to Child: *(An account can only be opened by a Parent /Guardian)			
Any communication or transactions r person who opened the account on th			by the
I, the * of the agree to abide by the rules of Clackm information given by me on this form			
Parent/Guardian's Signature	::		

Revised: 11/06/18