

ENNISKILLEN CREDIT UNION

MINOR MEMBERSHIP
APPLICATION



APPLICANT INFORMATION

Full Name :

Date Of Birth :
D D M M Y Y

Full Address :

County :

Post Code :

Gender : Male Female Prefer not to say

Parent Name :

Date Of Birth :
D D M M Y Y

Phone :

E-Mail :

I Hereby apply for membership of and agree to abide by the rules of Enniskillen Credit Union Limited, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief, I understand that any false and misleading information may result in the termination of my membership.

Under rule 18 of the standard rules of credit unions the credit union shall notify the member and signing parent when the member is nearing 16 years of age to transfer to senior membership. Should no action be taken the credit union will deem that senior membership is applied for and transfer the account following deduction of normal joining fee

Signed by minor :
(if over 7)

Signed by Parent :

Date :
D D M M Y Y



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MEMBERS SAVINGS ARE PROTECTED UP TO A
TOTAL OF £85,000 BY THE FINANCIAL SERVICES
COMPENSATION SCHEME

