



DEPOSIT NUMBER.....

APPLICATION FOR UNDER 16 SAVINGS ACCOUNT

ANTRIM CREDIT UNION

UNDER AGE APPLICANT

NAME:

ADDRESS:

.....POST CODE:.....

DATE OF BIRTH:

PARENT/GUARDIAN CONTACT NUMBER.....

NAME:

ADDRESS:

.....POST CODE:.....

DATE OF BIRTH:

For and on behalf of the first-name person Ithe parent/guardian of the saidand I agree to abide by the rules of Antrim Credit Union Limited regarding such account and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

Dated the..... day of Year

Signed.....Parent/Guardian

(Only for minors above the age of 7)

I (Minor).....aged.....years hereby confirm the above application and I wish to open an account in Antrim Credit Union Limited

Approved.....Date.....

N.B. - Section 3 Rule 18 of Standard Rules for Credit Unions reads

TERMINATION OF DEPOSIT

18. Two months before a minor depositor attains the age of 16 the Credit Union shall serve upon him/her signing parent/guardian a notice requiring the minor on attaining that age either to withdraw in the balance of the account or to join the Credit Union so that the balance can be transferring to shareholding in his name in the Credit Union if the minor depositor takes no action he shall be deemed to have applied for membership of the Credit Union and after deduction of the normal fee on joining, the balance shall be transferred to shareholding in his name.

**ONLY A CHILD'S PARENT OR LEGAL GUARDIAN CAN OPEN AN ACCOUNT ON THEIR BEHALF
PLEASE FILL IN ATTACHED AND RETURN ALONG WITH THE BIRTH CERTIFICATE OF THE CHILD**