



APPLICATION FOR MEMBERSHIP FOR KIDZ SAVINGS CLUB

APPLICANT DETAILS

APPLICANT NAME: _____

DATE OF BIRTH: _____

POSTAL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

E-MAIL: _____

MOBILE: _____

PARENT/GUARDIAN DETAILS

PARENT/GUARDIAN NAME: _____

EDP/FNPF NUMBER: _____

E-MAIL & MOBILE NUMBER: _____

It is a prerequisite of this service that one or both Parents/Guardians of the child must be an active member of the FPS Credit Union. Please provide Membership Number or request for a membership form. Requires application form?

YES NO Membership Number

CONSENT

I hereby consent to the above child joining the FPS Credit Union KIDZ SAVINGS CLUB. I understand the terms of conditions of this service and have agreed to these.

YES NO SIGNATURE & DATE: _____

REQUIRED DOCUMENTS

BIRTH CERTIFICATE OF APPLICANT

VALID ID OF APPLICANT OR PASSPORT SIZE PHOTO WITNESSED BY PARENT/GUARDIAN

OFFICIAL USE ONLY

PROCESSING OFFICER: _____ DATA ENTRY DATE: _____

MEMBERSHIP NUMBER: _____ SIGNATURE: _____