



42 High East Street, Dorchester, Dorset DT1 1HN
01305 268444

APPLICATION FOR JUNIOR DEPOSIT MEMBERSHIP ACCOUNT for those aged under 16 years

(COMPLETE IN BLOCK CAPITALS)

Membership Number (for office use)

Surname

Forename(s) Master/Miss

Address

Postcode Tel no. Date of Birth / /

Applicant lives attends school in the common bond area

Two forms of identification One with present address

1) _____
2) _____ Checked By _____

Signature (if applicable)

Date / /

DECLARATION BY PARENT/GUARDIAN

I
please print name of parent / guardian

parent / guardian of the above junior applicant

agree to this application by
please print name of junior applicant

for a **Junior Deposit Account** with **FIRST DORSET CREDIT UNION LIMITED** and declare that the information given on this form is true and correct to the best of my knowledge.

Signature

Date / /

Membership No. or evidence of identification 1) _____
2) _____

checked by _____

Name and Address to which correspondence is sent if different from above _____

Membership officer _____

Entered on computer _____