

Clockwise

Leicester's Credit Union

Young Savers Application Form

20 Pocklingtons Walk,
Leicester, LE1 6BU

Tel.: 0116 247 1740

Email:

enquiries@clockwise-cu.co.uk

Web: clockwise-cu.co.uk

Leicester Credit Union Limited is
authorised and regulated by the Financial
Services Authority

Surname:

Forenames:

Address:

..... Post Code:

Date of Birth: Male/Female

Mobile tel.:

Sponsor's information (parent or teacher)

Title: Mr/Mrs/Miss/Ms/Dr (Circle one)

Surname:

Forenames:

Address:

..... Post Code:

Tel.: Mobile tel.:

Membership No.:

What is your relationship to Young Saver
(e.g. mother etc.):

I wish to apply for a Clockwise Young Savers
Account for the above person and agree that it
shall be operated in accordance with the rules
of the Credit Union.

Signed Date

I wish to be the Trustee of this account /
I wish to designate (name)

.....

of (address)

..... Post code:

Tel.:, to be the Trustee,
until the Young saver reaches the age of
or 16, when the Young Saver becomes a full
member of the Credit Union.

Relationship to the Young Saver:

Trustees signature:

Date:

