

Membership Number

Future Savers Glasgow's Starter for 10
S1 PUPIL CREDIT UNION MEMBERSHIP APPLICATION FORM
(To be opened with a £10 deposit from Glasgow City Council)

SECTION 1 – CREDIT UNION DETAILS (for office use only)

Name:

Address:

SECTION 2 – SCHOOL DETAILS (confirm which secondary school student will attend in first year)

Name:

Address:

SECTION 3 – YOUR DETAILS (Applicant)

Miss/Master (please delete as appropriate) First Name: _____

Surname: _____

Date of Birth

dd	mm	yyyy
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 Current age: _____ Male/Female: _____

Home Address: _____

Postcode: _____

Home Phone No: _____

Mobile No: _____

Email Address: _____

Are you currently a member of the above credit union?

Yes

No

Don't Know

If yes ; what is your membership number: _____

If you currently have a credit union account with the above credit union, an additional £10 will be deposited to your account as part of the application process.

SECTION 4 – PARENT/GUARDIAN GUIDELINES

All accounts require a parent or guardian to act as trustee for the account. Ask your parent or guardian to complete this section. They will also need to sign the declaration further on in the form.

Title: _____ First Name: _____

Surname: _____ Date of Birth:

dd	mm	yyyy
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Home Address: _____

Postcode: _____

Relationship to Applicant: _____

Home Phone No: _____

Mobile No: _____

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SECTION 5 – DECLARATIONS

This part of the application is called the declaration. This confirms that you want to open the account, that you understand how it works and that you agree to all of the terms and conditions which have been set for the account and will operate it in a responsible manner. Your parent or guardian also has a declaration to read and sign, confirming that they know you are opening the account and are happy to act as trustee for the account.

Declaration to be signed YOU (the applicant)

I wish to apply for a credit union account with the above credit union. I confirm that I have read and accept the terms and conditions for the account and I will operate my account in a responsible manner. I confirm the information supplied on this form is, to the best of my knowledge, correct.

Signature: _____ **Date:** _____

Declaration to be signed by the PARENT/GUARDIAN

I agree to act as a Trustee for this credit union account and accept the terms and conditions of the account. I confirm that the information supplied on this form and that it is, to the best of my knowledge, correct.

Signature: _____ **Date:** _____

TERMS AND CONDITIONS

1. The Future Savers initiative is open to all S1 pupils in all Glasgow City Council secondary schools.
2. Credit unions will open a credit union account on behalf of S1 pupils from their linked school(s), deposited with £10 from Glasgow City Council.
3. All credit union accounts must have an adult trustee.
4. Proof of identify for pupils will be verified by their school(s).
5. Basic membership information will be shared between the credit union and Glasgow City Council. This will not include any detailed financial information but may include aggregate data in relation to number of children saving and total value of savings.
6. No regular savings are required.
7. A minimum savings balance of £10 must be retained for at least 12 months.
8. Credit Unions are authorised and regulated by the PRA/FCA.
9. Credit Unions are members of the Financial Services Compensation Scheme. This provides a Government safety net for member savings up to a maximum value of £85,000.

For School Use only: The applicant's identify and address has been checked and confirmed

Signed: _____ **Date:** _____

Position in School: _____

Please return completed form to:

**Lesley Haddow
Future Savers Project
Financial Services
Glasgow City Council
4th Floor, 220 High Street
Glasgow
G4 0QW**