

Coastal Credit Union Ltd

Registration of Parent or Guardian for Junior Member

Junior Member Name <FIRSTNAME> <SURNAME> Number <NUM>

Please complete the following

Name of Parent or Guardian _____

Address _____

Post Code _____

Relationship to junior member _____

Only the person named above will be allowed access to the account of the Junior Member, until such time as the junior member becomes 16 years of age. Prior to this event the registered Parent or Guardian will be required to authorise any withdrawal.

Signed _____ Date ____/____/____

Proof of Evidence

One of the following MUST be provided.

Full version of Birth Certificate

Child Tax Credit Notification

Child Benefit Notification

Adoption Papers

Ward of Court Order

Passport Parent/Child