

FSCU Service Point	Membership card delivery	Membership No.
	Collect from / Post ?	

Application for Young Saver Membership

Young Saver Accounts can be opened by adults for children from birth to under 16 years of age, who live or study in Shropshire, Telford & Wrekin and South Staffordshire. Membership is free, and Young Savers can save as little or as much as you wish. There are no charges for paying in or withdrawing money from the account, and Young Savers are eligible to receive an annual bonus.

About Young S	Saver Member -		Please complete in BLOCK CAPITALS and BLACK INK
First Name		Surname	
Middle name(s)			
Middle name(s)			
Gender	Male / Female please circle	Date of Birth	
Home Address			
Postcode		Home Tel. No.	
Email			
Signature			
-	ris required to open a Young Saver Aconfirm the Young Saver member's ide		one of the following original
Proof of address the adult (nomin	Child's Birth Certificate ated parent/guardian) opening the a	Child's Valid Pas	will be required for
	you do not want to receive our Newsletter and other mewsletters and other marketing information. However i	_	· · · · · · · · · · · · · · · · · · ·
their account.	ember under the age of 12 years mu	ıst have a nominated p	parent or guardian who manages
Title		First Name	
Middle name(s)		Surname	
Male/Female		Date of Birth	
Home Address			
Postcode	Relatio	nship to Young Saver	
Home Tel. No.		Mobile Tel. No.	
Email			
FAIRshare Meml	bership Number (if you are an existin	g member)	

If the Young Saver is **12 years or older**, funds can be transferred to their own bank account or their nominated parent or guardian's bank account.

If the Nominated Parent 1 item from each list belo		_						•	
List One –	Proof of Identity								
 □ Valid signed passport □ Valid UK/EU full or provifull UK (old style) driving lic □ Confirmation of state or entitlement (issued in the I □ HMRC Tax notification le 	ence local authority benefit ast 12 months)		List To Utility bill Tenancy Agreemen HMRC Tax notificat Local Authority Cou Confirmation of sta Bank/Credit Card/N from the internet)	ion letter Incil Tax E te/local a	Bill Iuthoi	rity ben	nefit e		
Nominated Parent	: / Guardian Decl	aration	1						
I confirm that the info I understand that all sa I agree that the account	avings deposited into	o this acc	ount will belong to	the abo	ove o	hild.		nion	•
Withdrawing your									
Withdrawals from the guardian's bank accountransfer money to the day, and there is no ch	nt. Call 01952 200200 nominated bank acco	during on the during of the during du	customer service op ds are usually in yo ot offer cash withdr	ening h ur bank	ours duri	and o	ur te sam	am v	
	Wednesday	10.00 to	16.00 Phone Lines O	pen					
	Thursday	10.00 to	16.00						
	Friday	10.00 to	16.00						
	Saturday & Sunday	Closed							
Nominated Parent o	-	Account							
Bank				-					
Account Name		i :	i						
Sort Code			Account Number						
On your 16th birthday, you will have the opportunity to For further information & f	o nominate a beneficiary	for your a	ccount.					oint y	ou
FAIRSHARE CREDIT UNION FINANCIAL CONDUCT AUTH PROTECTED BY THE FINANC	ORITY AND THE PRUDEN	NTIAL REG	JLATION AUTHORITY. (
FOR CREDIT UNION USE ONLY: Signature of CU Officer			Date				ID ch	iecked	
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