



ST BARTHOLOMEW'S SCHOOL YOUNG SAVER'S APPLICATION

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|-----------------------|-----------------|
| Surname: | |
| Forname(s): | |
| Date of Birth: | Boy/Girl |
| Home Address: | |
| Post Code: | |
| Telephone: | |
| Email: | |

I hereby apply for membership and agree to abide by the rules of Lewisham Plus Credit Union Limited. I declare that the information given by me on this application form is true and correct.

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|------------------------|
| Your signature: |
| Date: |

Please list adults who are authorised to make withdrawals on behalf of this young saver:

| | |
|-------------------------------------|-------------------------------------|
| Name: | Name: |
| Relationship to Young Saver: | Relationship to Young Saver: |
| Usual Signature: | Usual signature: |