

LLYNFI VALLEY CREDIT UNION

SUPER SAVERS CLUB

P

PARENT OR GUARDIAN DETAILS

Surname:.....

First Name:.....

Address:.....

.....

Postcode:.....Telephone No.....

Relationship to Child.....

JUNIOR MEMBER DETAILS

First name:.....

Surname.....

Date of Birth.....

Address.....

Post Code.....

Trustee

Signature.....Date.....

Signed as the Trustee of the above account until the Young Saver becomes 16.

No loans allowed.