



**BARBADOS PUBLIC WORKERS'
CO-OPERATIVE CREDIT UNION LIMITED**



Thrift Club Savings Account Application

(for children under 12 years)

Parent/Guardian A/c No.

Savings for children under 12 years of age must be held on a Parent/Guardian's account. The Parent/Guardian must therefore be a member of BPWCCUL.

CHILD'S PERSONAL INFORMATION

FIRST NAME:	MIDDLE NAME:
LASTNAME:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS: STREET/AVENUE:	(House/Apt. No.):
CITY/TOWN:	PARISH/STATE: ZIP:
MAILING ADDRESS (if different from home address): STREET/AVENUE:	(House/Apt. No.):
CITY/TOWN:	PARISH/STATE: ZIP:
COUNTRY:	HOME PHONE No.:
MOBILE No.:	DATE OF BIRTH (dd/mm/yyyy): AGE:
NATIONALITY:	COUNTRY OF RESIDENCE:
NATIONAL REGISTRATION No. (or equivalent):	SCHOOL:
IDENTIFICATION PRESENTED: <input type="checkbox"/> ID CARD No. <input type="checkbox"/> BIRTH CERTIFICATE	<input type="checkbox"/> PASSPORT No.
EMAIL ADDRESS:	
PARENT/GUARDIAN: NAME:	ACCOUNT No.:
PARENT/GUARDIAN IDENTIFICATION: <input type="checkbox"/> ID CARD No. <input type="checkbox"/> BIRTH CERTIFICATE	<input type="checkbox"/> PASSPORT No.

SIGNATURE OF PARENT/GUARDIAN: DATE (dd/mm/yyyy):

JOINT RECORD HOLDER (optional - must also complete joint record agreement / BPWCCUL Membership required)

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. FIRSTNAME:	LASTNAME:
HOME ADDRESS: STREET/AVENUE:	(House/Apt. No.):
CITY/TOWN:	PARISH/STATE: ZIP:
COUNTRY:	BPWCCUL MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No ACCOUNT No.:
HOME PHONE No.:	MOBILE No.:
WORK PHONE No.:	NATIONAL REGISTRATION No. (or equivalent):
EMPLOYER:	OCCUPATION:

SIGNATURE OF JOINT RECORD HOLDER: DATE (dd/mm/yyyy):

NOTARIAL CERTIFICATE:

I, Notary Public in and for the Country/State/Province/County of do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/her self to be within named the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed.
Given under my hand and seal this day of 20

PLACE NOTARIAL STAMP HERE

.....
Notary Public in and for the Country/State/Province/ () of
.....

OFFICIAL USE ONLY

NAME OF AUTHORIZING STAFF MEMBER:

SIGNATURE OF AUTHORIZING STAFF MEMBER:

DATE (dd/mm/yyyy):