

# Young Saver member application

Freeport RSRT - HAXK - RUYU  
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## Young saver details

Title:	Surname:	Forename(s):
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Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

How long at this address? Years \_\_\_\_\_ Months \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Authorised adult details

Gateway member number: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

How long at this address? Years \_\_\_\_\_ Months \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth \_\_\_\_\_ NI No: \_\_\_\_\_ Nationality: \_\_\_\_\_

I hereby apply for membership of and agree to abide by the rules of Gateway Credit Union Ltd. I declare that the information given by me on this form is true & correct to the best of my knowledge and belief.

Young Saver member Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorised adult Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of CU rep: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Data Protection Statement:** In accordance with the principles of the Data Protection Act 1998, we will use your personal details for the purpose of managing your accounts with the credit union. Your personal details will be treated confidentially and will only be shared with other agencies for the purpose of credit referencing and debt recovery for which purpose we hold a Consumer Credit Licence under the appropriate category. You also have a right of access to the personal information we hold on you.

**School ID verification:** We can accept ID verification from schools without the need for the usual paper proofs. However, the school must confirm the identity of the child named by signing below.

School's authorised signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of signatory : \_\_\_\_\_ signing on behalf of:

Name of school : \_\_\_\_\_