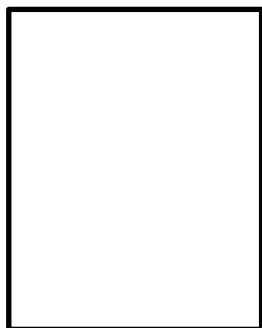




**ST. PAUL –KPEHE CO-OPERATIVE CREDIT UNION LTD.**

**YOUTH SAVINGS MEMBERSHIP APPLICATION FORM**

A/C No.:



NAME OF APPLICANT: .....

DATE OF BIRTH: .....

ADDRESS (SCHOOL): .....

CLASS/Form: ..... GENDER: MALE ☐ FEMALE ☐

RESIDENTIAL ADDRESS: .....

*I hereby apply for membership in this Youth Savings Club, and I confirm that the above information provided is true. I agree to the terms and conditions spelt out concerning this product. I understand that I can't make withdrawal from this account until I complete JHS (Junior High School). I agree to be bound by the bye-laws of the club and I understand that to have a successful savings club, I must make regular savings.*

Date: .....

**PARENT / GUARDIAN DETAILS**

Surname: ..... First Name: .....

Other Names: ..... Residential Address: .....

Hometown: ..... Date of Birth: ...../...../..... Gender: Male ( ) Female: ( )

Nationality: ..... I.D. Type: ..... I.D. No: .....

Marital Status: Married ( ) Single ( ) Other ( ) Divorced ( ) Widowed ( ) Profession: .....



SIGNATURE

Tel: .....

*I do hereby undertake that in opening a Youth Savings account for my child(ren) with St. Paul-Kpehe Credit Union, I shall hold the account in trust for my child(ren) until he/she reaches the age of 18years, then he/she will have full access to the account. I agree to be bound by the Bye Laws of the Union.*

**NB: Please attach your Kid's passport size photograph and Copy of yours.  
Thank you for Joining the Happy Family (SPaKCCU)**

**OFFICE USE ONLY**

OFFICER IN CHARGE : .....

APPROVED BY: .....

DATE: .....