

ST. MARY'S CO-OPERATIVE CREDIT UNION

MINOR APPLICATION FORM

Account Number:

MINOR'S PERSONAL DETAILS

Surname : _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Male: _____ Female: _____

Nationality: _____

Passport

School ID

Birth Certificate

ID Number _____

ID Number _____

Address: _____

PARENT/ LEGAL GUARDIAN/ BENEFICIARY DETAILS

Account Number _____

Title _____

Surname: _____

First Name _____

Date of Birth: _____

Nationality: _____

IDENTIFICATION TYPE

Passport Number _____ Country _____

Social Security Number _____ Country _____

Driver's License Number _____ Country _____

National ID card Number _____ Country _____

Relationship to minor: _____

Telephone no. _____

Address: _____

Email: _____

INCOME /EMPLOYMENT DETAILS

Which of the following best describes your occupation? (Please tick one box only)

Employed full time Employed part time Self Employed Retired
Unemployed House person

Employer Name: _____

Employer Address: _____

Business Tel: _____ Job Title: _____

Nature of the business if self employed _____

Time with this employer/self-employed: Years _____ Months _____

Monthly Income range: \$0-\$500 \$501-\$1000 \$1001-2000 \$2001-\$3500
\$3501-\$4500 Over \$4500 Other Income \$ _____

Specify source _____ Estimated monthly deposit \$ _____

Signature of Parent/Legal Guardian/Beneficiary

Witness #1 Name: _____ Signature: _____

Witness #2 Name: _____ Signature: _____

FOR OFFICIAL USE ONLY

Account # _____ Date opened _____
Risk: High Medium: Low: PEP
Approved by: _____ Date: _____