



KIDDY ACCOUNT MEMBERSHIP FORM

APPLICANT'S DETAILS

TITLE: PROF. [] DR. [] MR. [] MRS. [] MISS [] ACCOUNT NO:

SURNAME: OTHER NAME:

GENDER: MALE [] FEMALE [] HOME ADDRESS.....

TEL. NO: E-MAIL:

I Have decided to start a regular monthly savings of (Total Amount)
(in words)

With effect from the month of 20

TRUST ACCOUNT ONLY

Relationship of Trustee to Beneficiary:

Parent [] Guardian [] Other (Kindly Specify)

UNDERTAKING (For Kiddy Account)

I of (Institution) do hereby undertake that in opening a kiddy account for my child(ren) with the UPSA Credit Union, I shall hold the account in trust for my child(ren) until he/she reaches the of 18 years, then he/she will have full access to the account.

I agree to be bound by the Bye laws of the union. I understand that to have successful union, members must make regular savings.

CHILD (REN) DETAILS

1. Name of child Date of Birth / / Amount
2. Name of child Date of Birth / / Amount
3. Name of child Date of Birth / / Amount
4. Name of child Date of Birth / / Amount

Signature: Date:

Witness Name: , Address.....

Signature: Date