# CONSENT TO OPEN ACCOUNT FOR MINOR FORM

**I** _____ **of** _____
(name of parent) (service address on utility bill if applicable)

**authorize** _____, _____
(name of member) (relationship to minor – grandparent, aunt, etc.)

**to apply for membership in CLICO Credit Union on behalf of my** _____,
(son, daughter, etc.)

_____
(name of minor)

I acknowledge that the member named above will be the sole adult authorized to perform transactions on behalf of my child until said child has attained the age of 18 years.

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Signature of Parent | Date | Contact Number |
| _____ | _____ | _____ |
| Signature of Member Opening Account | Date | Contact Number |

**Additional documents required:**

- Two (2) forms of valid Identification for parent/guardian
- Two (2) forms of valid Identification for the member opening the account
- Proof of Address (Utility bill, Bank Statement) of Parent/Guardian
- Proof of Address (Utility bill, Bank Statement) of the Member opening the account
- Proof of Income (Most recent pay slip dated within 1 month)

This form is to be used when a member wishes to open an account for a minor who is not their child (i.e., niece, nephew, grandchild, etc.).

# CONSENT TO OPEN ACCOUNT FOR MINOR FORM

**Name of Applicant:** _____

**Relation to applicant:**

Parent ◯ Guardian ◯ Spouse ◯

_____

**Parent/Guardian/Spouse Name (Contributor)**

_____

**Permanent Address**

_____

**Mailing Address (if different)**

**Gender**

Male ◯ Female ◯

**Marital Status**

Single ◯ Married ◯ Divorced ◯ Other: _____

**Identification Information**

**ID 1 Type:**

DP ◯ ID ◯ PP ◯ ID#: _____

Country of Issue: _____ Issue Date: _____ Expiry Date: _____

**ID 2 Type:**

DP ◯ ID ◯ PP ◯ ID#: _____

Country of Issue: _____ Issue Date: _____ Expiry Date: _____

**Contact Information**

Home:_____ Work:_____ Ext: _____

Mobile:_____ FAX:_____

Email Address:_____

# CONSENT TO OPEN ACCOUNT FOR MINOR FORM

**EMPLOYMENT INFORMATION**

**Employment Status (tick one):**

Permanent ◯ Temporary ◯ Contract ◯ Self Employed ◯ Unemployed ◯ Retired ◯

**How long at current employer?** _____ **Job Title/Occupation:**_____

**Name of Employer/Business (if self-employed):** _____

**Address of Employer/Business:** _____

**Source of Income (Salary, Pension, Business, etc.):** _____

**Other Income:** _____

**Annual Salary Range (tick one):**

$0–$120,000.00 ◯ $120,001–$300,000.00 ◯ $300,001–$500,000.00 ◯ $$500,000.00+ ◯

**Income Cycle**

Monthly ◯ Fortnightly ◯ Weekly ◯ Daily ◯

I will be contributing $_____ per **month/week** via **Salary Deduction / Share Transfer / Over the**

**Counter** to the account of _____.

APPLICANT NAME (BLOCK LETTERS)

I declare that the above information is true and correct, and I confirm that I am financially responsible for the applicant until such time that they become financially independent.

.....

**Signature (Contributor)**

.....

**Date: DD/MM/YY**

Attachments Required:

- 2 forms of valid identification (DP, PP, or ID)
- Proof of address in your name (utility bill or bank statement not older than 3 months)
- Most recent pay slip dated within 1 month