Barbados Seventh-day Day Co-operative Credit Union

Minor Application Form

Section 1: Minor Information	
First Name:	**Middle Name:**
Last Name:	**Cell Phone Number:**
Home Phone Number:	**Email Address:**
Address:	

Section 2: Parent Information					
☐ *Mr.* ☐ *Mrs.* ☐ *Ms.* ☐ *Dr.*	**Suffix** (if applicable)			☐ *Sr.*	☐ *Jr.*
Are you: ☐ *Single* ☐ *Married* ☐ *Domestic Partner* ☐ *Divorced* ☐ *Widowed*					

First Name:	**Middle Name:**
Last Name:	**Cell Phone Number:**
Home Phone Number:	**Email Address:**
Work Phone Number:	**Alt. Phone Number:**
Address:	
Mailing Address (if different form above):	
Please ✓ tick if you have been at your current home address for less than one year. ☐	

Section 3: Employment Status

☐ *Employed* ☐ *Self – Employed* ☐ *Not Employed* ☐ *Retired* ☐ *Other:* _____

Job Title:	**Occupation:**
Employer:	**Years with this employer:**
Business Address:	
Country of Tax Residence:	**TAMIS #**

Section 4: Expected Method and Frequency of Deposit

☐ Cash ☐ Personal cheques ☐ 3rd Party Cheques ☐ Bank Transfer

On average, how much money do you expect to pay down per deposit? _____

How often do you intend to make deposits?

☐ Weekly ☐Fortnightly ☐ Monthly ☐ Quarterly ☐ Annually

Section 5: Disclaimer & Parent Signature

By signing below, I agree to the terms and conditions governing the account, to use the account for the purpose stated above and to conform to the Co-operative Societies Act, the Co-operative Societies Regulations and the By-Laws of the Credit Union, and any amendment thereof. I authorize the Credit Union to, at its discretion send my personal and financial information to third party reporting agencies, and I agree to indemnify the Barbados Seventh-day Adventist Co-operative Credit Union Ltd. and save the Credit Union from any and all claims in damages or otherwise arising from any disclosure as herein authorized. I authorize the Credit Union to obtain any information it considers relevant from any sources it may deem necessary regarding this application.

Signature: _____ Date: _____

Proposed By: _____ Seconded By: _____