



# Hillingdon Credit Union Ltd

## Junior Family Member Application Form

**Mr/ Miss First Names:** .....

**Last Name:** .....

**Address:** .....

.....**Post Code:** .....

**Home Telephone Number:** .....

**Date of Birth:** ...../...../..... **Monthly Amount To Save £** \_\_\_\_\_  
(minimum £1)

**Parents Signature:** ..... **Date:** ...../...../.....

**Juniors Signature:** ..... **Date:** ...../...../.....

**Membership Number or Name of related Credit Union Member:** .....

**Existing Members Signature:** ..... **Date:**...../...../.....

**FORM OF NOMINATION** (Please indicate relationship of Nominee)

In the event of my death I nominate the under-mentioned as the person to whom there shall be transferred such property in the Credit Union as may be mine at the time of my death, whether in shares or otherwise.  
Nominee (Name) Mr/Mrs/Ms/Miss

If you wish for money to be deducted from payroll, please complete the attached Payroll variation form or please complete the attached Standing Order Instruction to your Bank and return to the Credit Union Office at

**Civic Centre High Street Uxbridge Middlesex UB8 1UW.**