



UNIVERSITY OF GHANA CO-OPERATIVE CREDIT UNION

KIDDY ACCOUNT MEMBERSHIP FORM

APPLICANT'S DETAILS

TITLE: PROF. () DR. () MRS. () MISS. () MR. () ACCOUNT NO:

Surname:Other Name:

Gender: MALE () FEMALE () Home Address (Permanent):

Tel No..... E-mail address.....

I have decided to start a regular monthly savings of (Total amount).....

(In words)

With effect from the month of20.....

TRUSTEE ACCOUNT ONLY

Relationship of Trustee to Beneficiary

Parent..... Guardian..... Other (Please Specify).....

UNDERTAKING (for Kiddy Account)

I.....of (institution).....do hereby undertake that in opening a kiddy account for my child(ren) with the UG Credit Union, I shall hold the account in trust for my child(ren) until he/she reaches the age of 18years, 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)'S 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:**...../...../.....

NB: Attach a passport picture of the child(ren) and a photocopy of the child's birth certificate.