



Seychelles Credit Union
 Co-operative House, Manglier street
 P.O. Box 342, Victoria
 Mahe, Seychelles

Tel: +248 4290190.

website: www.scu.sc

SF 3

MEMBERSHIP APPLICATION – MINORS

Surname of Minor..... Name(s) in full.....
 Identity No. Date of Birth Age.....
 Residential Address..... T el No. (Residence) Mobile
 Email Address.....
 Postal Address.....
 Initial Deposit..... Expected Monthly Savings
 Accounts held with other banks: Bank Name..... Account Type.....
 Bank Name..... Account type.....
 Give reasons for wanting to be a member of Seychelles Credit Union.....

 Signature of Applicant and/or parent/guardian
 Dated thisDay of..... 20.....

Proposer’s Name..... A/c No.....Signature.....

Seconder’s Name A/c No.....Signature.....

Consent: I / We hereby
 give consent for the above named applicant to be a member of Seychelles Credit Union and
 to open an account in his/her name which will be operated under my specimen signature as
 appended below.

Signature of parent and or guardian.....

FOR OFFICIAL USE				
Received By:	Verified By:	Allocated a/c No.	Opened on	Approving Officer
Date:	Date:	Date:	Date:	Date:

Note:
Application to be accompanied by; 1) ID cards of applicant & parent/guardian; 2) Passport size photo of parent/guardian; 3) Rs 300 membership deposits & fee; 4) Utilities bill to support proof of residence; 4) Birth certificate of minor; 5) Proof of parenthood or guardian of minor.