

CHILD TRUST FUND

Application Form



Please provide the following with this application:

- Birth Certificate
 Child Trust Fund Voucher – if applicable

Child's Details

Childs Forename	<input type="text"/>	Childs Surname	<input type="text"/>
Childs Address	<input type="text"/>		
Postcode	<input type="text"/>		
Gender	<input type="text"/>	Date of Birth	<input type="text"/>
Credit Union Membership No (if applicable)	<input type="text"/>		

If you have already invested your voucher and would like to transfer in the money from an existing Child Trust Fund account, please provide the following details:

Current Child Trust Fund Provider	<input type="text"/>
Childs Unique Reference No.	<input type="text"/>

Registered Contact

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other _____
Forename	<input type="text"/>	Surname	<input type="text"/>		
Address <small>(if different to child's)</small>	<input type="text"/>				
Postcode	<input type="text"/>				
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>		
Email Address	<input type="text"/>				
Credit Union Membership No. (if applicable)	<input type="text"/>				

Declaration

I declare that:

- I am over 16 years of age
- I have parental responsibility for the child named above
- I will be the registered contact for the Child Trust Fund

I authorise Cardiff Credit Union to:

- Hold the child's inland revenue contribution, subscriptions, Child Trust Fund investments, interest, dividends and any other rights or proceeds in respect of those investments and cash
- To make, on the child's behalf, any claims to relief from tax in respect of Child Trust Fund investments

Signed	<input type="text"/>	Date	<input type="text"/>
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