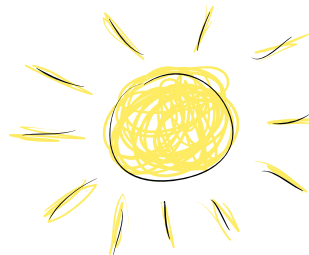


# CTF application form



## Child's Details

Full Name

---

Date of Birth

Gender

---

Address

---

---

Postcode

---

URN of CTF voucher

---

Credit union membership number ( if applicable)

---

## Registered Contact

Title

---

Full Name

---

Credit union membership number (if applicable)

---

Date of Birth

Gender

---

Address (if different from child's)

---

---

Postcode

---

Contact telephone number

---

Mobile number

---

Email

---

PLEASE TURNOVER



CREDIT UNIONS UNDEBAU CREDYD  
WALES CYMRU

# CTF application form continued

Relationship to child \_\_\_\_\_

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 CTF

I authorise \_\_\_\_\_ Credit Union to:

- Hold the child's inland revenue contribution, subscriptions, CTF investments, interest, dividends and any other rights or proceeds in respect of those investments and cash

And

- To make, on the child's behalf, any claims to relief from tax in respect of CTF investments.

I agree to the CTF terms and conditions

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Data Protection Statement

In accordance with the Data protection act 1998. We will use your details for the purposes of managing your account with the credit union. your personal details will be treated confidentially and will only be shared with other agencies for the purpose of credit referencing and debt recovery for which we hold a Category F consumer credit licence.

We will not pass on any of your details to third parties however we may from time to time wish to contact the account trustee about other credit union services that we think may be of interest to you. If you do not want to receive any further information please tick this box.

