

# **Kidzplus Application**

# **Section 1. Child's Details**

First Name		Surname		
	<u> </u>			
Address				
		Post	Code	_ Male / Female
Section 2.	Adult Trustee			
First Name		Surname		
Middle Name	e(s)		Date of Birth	//
Address				
			Post Code	
Telephone	!	Mobile		
	// Country of Birth			
Member Number Relationship to child				
a. I am payii to deduct Ltd.	the sum of $\mathbf{E}$ to my child's <b>Kic</b> ng through <b>salary deduction</b> and I her t from my pay the total sum of $\mathbf{E}$ ng by <b>direct debit</b> and hereby authori	reby authorise the Finance De	t to the Scottish Polic	ce Credit union
Section 4.	Declaration			
I wish to oper	n a Kidzplus Savings Account on behal	f of the above named child an	d make payments as	detailed above.
I confirm that	t I have enclosed proof of identity for	my child. (see page 2 for acce	ptable documents)	
I confirm that	t the child I have enclosed proof of res	sidence for my child. (see page	e 2 for acceptable do	cuments)
I declare that	the information given by me on this f	orm is true to the best of my l	knowledge.	
Signature of	f Trustee		Date	
Office Use O	Only:			

Member Number\_\_ / \_\_ /\_\_ Date to Finance \_\_ /\_\_ /\_\_ Proof of ID/Residence Provided YES/NO

# How to complete your Kidzplus application

## **Section 1. The Applicant**

Please complete your child's personal details.

#### **Section 2. Adult Trustee**

Please complete your personal details. If you are unsure what your member number is please contact us on 0141 771 11314

## **Section 3. Payment Mandate**

Complete the amount you wish to pay per month /4 weeks to your child's Kidzplus account; there is no minimum amount, although we recommend not less than £1.

# **Payroll Deduction**

If you pay by salary deduction, you should complete part (a) on the application form with your new total amount for all your Credit Union accounts.

#### **Direct Debit**

If you pay by direct debit please complete part (b) on the application form with your new total amount for all your Credit Union accounts.

Please ensure you have signed the application form and the direct debit mandate.

#### **Section 4. Declaration**

Please read the declaration carefully before signing your application form and return it with the appropriate documentation (see below for more details).

### IMPORTANT INFORMATION

Junior accounts can only be opened by existing eligible members (serving or retired police officers or staff) for children that reside at their home address. We therefore require documents proving the child's home address and identity.

Under FSA guidelines we require to see original documents, however copies will be accepted if they have been authenticated by a Credit Union representative or board member who has seen sight of the original dcumentation. Please contact us on 0141 771 1314 and we will provide you with the names of representatives or board members in your area.

The following documents are acceptable to prove identity: - birth certificate, passport, or medical card

The following documents are acceptable to prove residence: - current bank statement, child benefit/tax credit award letter, letter from school or doctor or medical card if not used to confirm ID. All documents must clearly state the name of the child and the home address.

All documentation will be returned in the same form that it was received, e.g. if you send your documentation by Special Delivery we will return it by Special Delivery.

There is no charge for this service.