



# APPLICATION FOR SHARE WITHDRAWAL FROM MINOR ACCOUNT

Share withdrawal for Minor Account (under 16)

(Please complete all sections in BLOCK CAPITALS)

A/C No: (of minor)

Name on Account:

Date:

Please issue the sum of € \_\_\_\_\_ from the Shares Balance of Credit Union Account number \_\_\_\_\_

Please issue funds via: Cheque  EFT  (Choose one)

**Cheque** to be made payable to: \_\_\_\_\_

**EFT** to be transferred to the following account: \_\_\_\_\_

Account already on file? YES  NO  (Choose one)

Name: \_\_\_\_\_

BIC:

IBAN:

### Share Withdrawal for the Sole Use and Benefit of a Minor

I/We \_\_\_\_\_ as authorised Parent/Legal Guardian on this account acknowledge that the funds in the above-named account are the sole property of the above-named minor. I/We undertake to hold the property on trust, and to apply this property for his/her sole benefit.



Signature

Print Name:



Signature

Print Name:

Contact telephone: \_\_\_\_\_

#### For office use only:

Signature checked by: (Print Name) \_\_\_\_\_

EFT Details on File: YES  NO

ID Docs on file for Minor: YES  NO

ID Docs on file for Authorised Parent/Legal Guardian: YES  NO

ID Docs in file for Originator (if different to Authorised Parent/Legal Guardian) YES  NO

Initials: \_\_\_\_\_

Registered Office:

5 High Street, Christchurch, Dublin 8, D08 X7T1.

tel: 01 6778648 lo call: 1890 677864 email: info@hsscu.ie

## #putsUfirst

Health Services Staffs Credit Union Limited is regulated by the Central Bank of Ireland



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