GHANA CO-OPERATIVE PHARMACISTS' CREDIT UNION LTD.
P. O. BOX 6174, ACCRA – NORTH

CHILD/ DEPENDENT'S PASSPORT PICTURE (ONE)

KIDDIE ACCOUNT OPENING FORM

PARENT/GUARDIAN'S DETAILS

Name of Parent/Guardian (in full): ……..

Postal address: ……..

Residential address: ……..

Tel. No: …….. Professional Reg. No. (If applicable) ……

ID #: …… (Please tick type) Voter ( ) Passport ( ) Drivers' License ( ) NIA ( )

Date of birth: …… Gender: ……. E-mail: ……

Workplace: …… Occupation……

I hereby apply to open a Kiddie Account with Ghana Co-operative Pharmacists' Credit Union Ltd and agree to abide by the Bye-Laws of the Credit Union. I understand that to have a successful Credit Union, a member must make regular savings, grow the savings for the future use of the child, and make limited withdrawals for the benefit of the child only.

I have decided to start with an initial savings of GH¢ …….

Minimum share capital of GH¢ ……..

CHILD/DEPENDENT'S DETAILS

Name of Child/Dependent (in full): ……..

Date of Birth: …….. /…….. /…….. Gender: Please tick [ ] Male [ ] Female

Signature (Parent/Guardian): …….. Date: ……