



PARENTAL / GUARDIAN CONSENT FOR REDICARD ORDER

Parent / Guardian Details

Title [ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other (please specify) \_\_\_\_\_
Surname(s) \_\_\_\_\_ Given Name(s) \_\_\_\_\_
Residential Address \_\_\_\_\_
Postal Address (if different from Residential) \_\_\_\_\_
Contact Details Home \_\_\_\_\_ Mobile \_\_\_\_\_ Business \_\_\_\_\_
Email \_\_\_\_\_
Relationship [ ] Mother [ ] Father [ ] Guardian

Details of Minor

Member Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
Surname(s) \_\_\_\_\_ Given Name(s) \_\_\_\_\_
Residential Address \_\_\_\_\_
Postal Address (if different from Residential) \_\_\_\_\_
Contact Details Home \_\_\_\_\_ Mobile \_\_\_\_\_ Business \_\_\_\_\_
Email \_\_\_\_\_

As the Parent / Guardian of the abovementioned minor, I hereby give my consent to the Credit Union to issue the requested Redicard.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

[ ] Account Number \_\_\_\_\_
[ ] Identification Verified - Parent / Guardian
[ ] Card Ordered Date \_\_\_\_\_

Staff Member \_\_\_\_\_

Date \_\_\_\_\_

