

SAVE BY THE BELL APPLICATION FORM

Please complete both sides of this form in BLOCK CAPITALS and return to :
FREEPOST, Save By The Bell, Central Library, Wellgate Centre, Dundee, DD1 1DB.

The Saver is the pupil who attends the participating school.

Saver's Full Name:

Saver's D.O.B: Male: Female:

Saver's Full Address:
Saver's Postcode:

Class Attended:

The Sponsor is the consenting adult who opens the account for the pupil:

Sponsor's Full Name:

Sponsor's Address:
Sponsor's Postcode:

Sponsor's Signature:

Contact Numbers:

Email address:

FOR OFFICE USE ONLY

Account Number:

Date Opened:

SM

NP

WL

HI

CER

SAVE BY THE BELL CONSENT FORM

Please complete both pages of this form in BLOCK CAPITALS and return to:

FREEPOST, Save By The Bell, Central Library, Wellgate Centre, Dundee, DD1 1DB.

Or email it to us : info.savebythebell@dundee.gov.uk

Saver's Full Name:

School Attended:

I hereby permit Discovery Credit Union Ltd to confirm full details which I have provided regarding the aforementioned pupil with the Head Teacher at his/her school, thus enabling the pupil to join Save By The Bell.

Please state your relationship with the child:

Mother

Father

Guardian

Other

(please Specify)

Adult's Name:

Signature:

Date:

