

Bridgend Lifesavers Credit Union Ltd

LIFE LONG LEARNING CENTRE, MURFIELD CLOSE, SARN, BRIDGEND, CF32 9SW
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Child Trust Fund account (CTF) Transfer to Bridgend Lifesavers Credit Union

Applicants (Registered contact) Details:

Title _____ Forenames _____ Surname _____

Address _____

Post Code _____

Current CTF account provider _____

I apply to transfer a Child Trust Fund account for:

Child's details

Title _____ Forenames _____ Surname _____

Address _____ Post Code _____

Date of birth ____ \ ____ \ ____

CTF Unique reference number _____

I declare that

I am 16 years of age or over

I have parental responsibility for the child named on the voucher who qualifies for membership of Bridgend Lifesavers Credit Union Ltd

I am the registered contact for the Child Trust Fund

I authorise Bridgend Lifesavers Credit Union Limited

to arrange the transfer of the Child Trust Fund account from the old provider,
to hold the child's HM Revenue & Customs contributions, subscriptions, CTF
investments, interest, dividends and any other rights or proceeds in respect of those
investments and cash, and

to make on behalf of the child any claims to relief from tax in respect of CTF
investments.

I agree to the Child Trust Fund terms and conditions.

Signed _____ Date ____ \ ____ \ ____