



REGISTRATION FORM FOR THE EARLY SAVERS FINANCIAL LITERACY CLUB

The fields marked with asterisks (*) are required

Child's Details *(To be filled by Teacher/Parent)*

Child's Name*:

First Name

Last Name

Name of School*:

Gender*:

Child's Age & Grade*: AGE: GRADE:

Parent's Details *(To be filled by Teacher/Parent)*

Parent's Name*:

First Name

Last Name

Parent's Contact Phone No*:

Parent's Email Address*:

Parent's Home Address:

Occupation & Employer: OCCUPATION: EMPLOYER:

Does your Child have an Early Saver's Account with Access Bank?* Yes No

For more information, please visit <https://earlysavers.accessbankplc.com/> You can also send a mail to childrenbanking@accessbankplc.com, or contact us on **01-2364243**.

For official use only

Campaign Officer's Name: _____ Staff ID: _____



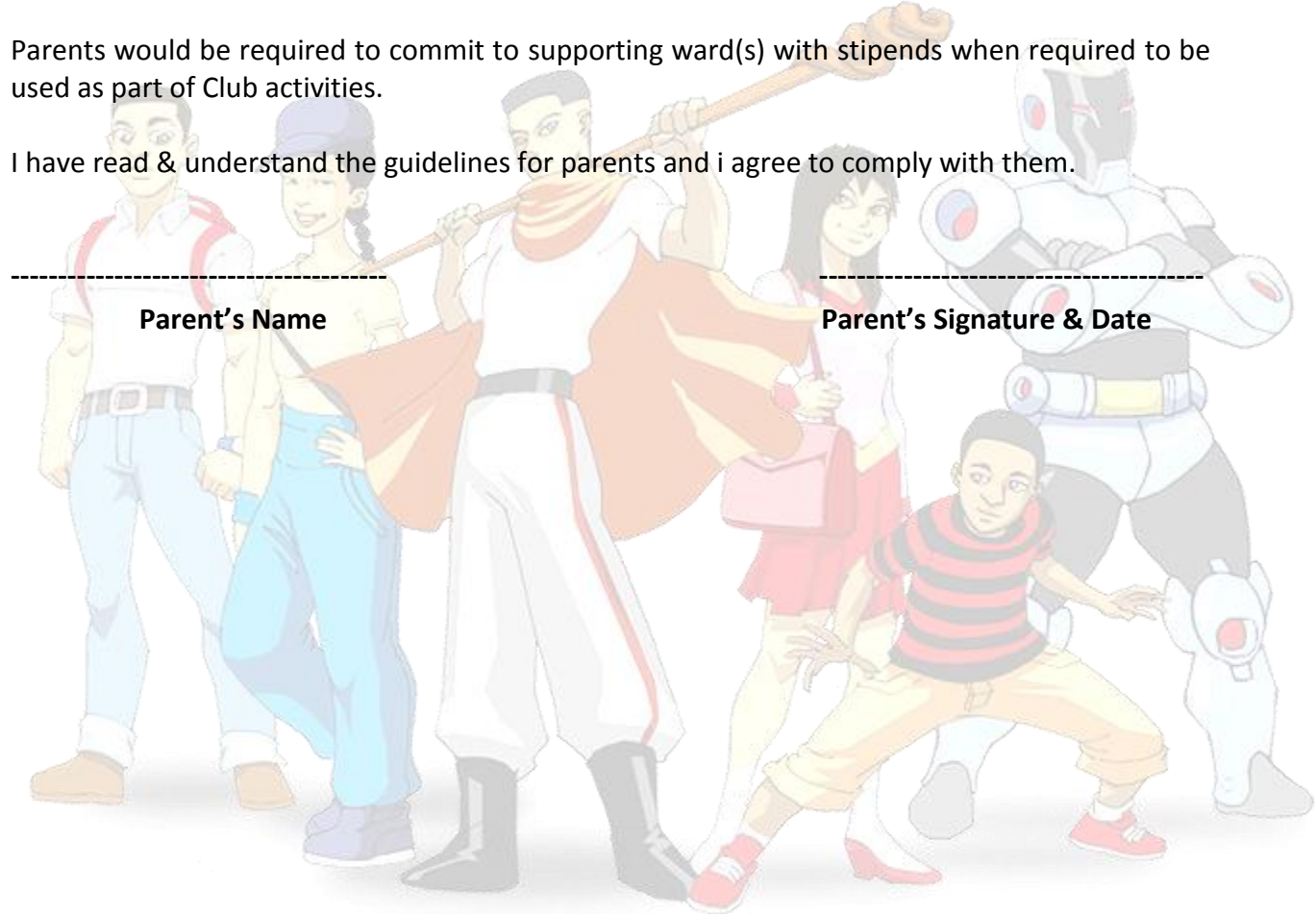


Parent Consent

I give my consent to enrol my Child(ren)/Ward(s) in the Early Savers Club as his/her co-curricular activity. I understand that the Club is focussed on Financial Literacy with the aim of equipping them with the skills and tools needed to grow into financially savvy adults.

Parents would be required to commit to supporting ward(s) with stipends when required to be used as part of Club activities.

I have read & understand the guidelines for parents and i agree to comply with them.



Parent's Name

Parent's Signature & Date

