



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*:

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Gender*:

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Child's Age & Grade*:

AGE:	GRADE:
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Parent's Details (To be filled by Teacher/Parent)

Parent's Name*:

First Name	Last Name

Parent's Contact Phone No*:

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Parent's Email Address*:

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Parent's Home Address:

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Occupation & Employer:

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

For more information, please visit www.ghana.accessbankplc.com You can also send a mail to GhanaEarlySavers@accessbankplc.com, or contact us on **0800 004400**

For official use only

Campaign Officer's Name: _____ Staff ID: _____





PARENT CONSENT

I

1. Shall have a minimum balance of GHS 250 on the child's Early Savers Account (ESA) to be a Member of the Early Savers Club (ESC)
2. Authorize the Bank to hold funds on the minimum balance of GHS 200 in the account during the period of membership of the Early Savers Club
3. Give my consent to enroll my Child(ren)/Ward(s) in the Early Savers Club as his/her extra-curricular activity
4. Understand that the Club is focused on Financial Literacy with the aim of equipping them with the skills and tools needed to grow into financially savvy adults
5. Would be required to commit to supporting ward(s) with stipends when required to be used as part of Club activities
6. Have the right to unsubscribe as a member of Early Savers Club
7. Acknowledges that the bank has the right and power to restrict my access as a member to the benefits of the ESC if I choose to unsubscribe to the membership of ESC Please indicate if you will like to be a member

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

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Parents Name

.....
Parents Signature & Date

