



CONFIRMATION OF ADDRESS Under Age 21

ACCOUNT No.:

.....
Date

Chief Executive Officer
Barbados Public Workers Co-operative Credit Union
Olive Trotman House
Keith Bourne Complex
Belmont Road
St. Michael

Dear Sir/Madam

I
(Name Of Parent/guardian)

Account No. do confirm

that
(Name Of Child/Ward)

resides at
(Address Of Child/Ward)

.....
Signature of Parent/Guardian

FOR OFFICIAL USE ONLY

.....
Signature Of Member Services Representative

.....
Date

NB:

A copy of the utility bill or bank statement and valid government issued photo I.D belonging to the individual residing with the applicant should accompany the form to further support proof of address.

Barbados Public Workers' Co-operative Credit Union Limited
Keith Bourne Complex · Belmont Road · St. Michael BB14000 · Barbados
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