



CONFIRMATION OF ADDRESS Age 21 & Under

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 photo identification belonging to the individual residing with the applicant should accompany the form to further support proof of address.