



BARBADOS PUBLIC WORKERS'
CO-OPERATIVE CREDIT UNION LIMITED

FIXED DEPOSIT REQUEST FORM

ACCOUNT NO: _____

NAME: _____

ADDRESS: _____

EMPLOYER : _____

TELEPHONE: _____ (H) _____ (W)

NATIONAL REGISTRATION NO: _____

AMOUNT: _____ OPEN DATE: _____

PERIOD: _____ INTEREST RATE: _____

TRANSACTION MODE: _____

SIGNATURE: _____

*Olive Trotman House, Keith Bourne Complex, Belmont Road St. Michael
Tel:434-2667 Fax (246) 437_8745*