



BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

CO-OPTIMA CONNECT ACCESS CODE REQUEST FORM

LAST NAME:		FIRST NAME: Mr () Mrs () Ms ()		MIDDLE INITIALS:
HOME ADDRESS:		City:	State:	
		Postal Code:	Country:	
MAILING ADDRESS:		City:	State:	
		Postal Code:	Country:	
DATE OF BIRTH: (dd/mm/yy)	<input type="checkbox"/> NATIONAL REGISTRATION NO. : <input type="checkbox"/> PASSPORT NO. : <input type="checkbox"/> DRIVERS LICENSE NO. :			
HOME TELEPHONE:	WORK TELEPHONE:	E-MAIL ADDRESS:		

I hereby request a **NEW ACCESS CODE** be assigned to me for the purpose of accessing the following account(s) using **Co-Optima Connect** online banking service:

PRINCIPAL ACCOUNT NUMBER: _____

OTHER ACCOUNT NUMBERS: _____

I PREFER TO RECEIVE MY ACCESS CODE INSTRUCTIONS BY (Please check one only): E-MAIL POST

► **MEMBER'S SIGNATURE:** _____ **DATE:** _____

FOR MEMBERS RESIDING OUTSIDE OF BARBADOS ONLY:

NOTARIAL CERTIFICATE:

I _____, Notary Public in and for the Country/State/Province/County/() of _____ do hereby **CERTIFY** that on the day of the date hereof personally came and appeared before me a male/female who identified his/her self to be the within named _____ the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed.

Given under my hand and seal this _____ day of _____ 20 _____.

 Notary Public
 In and for the Country/State/Province/County/()
 of _____

PLACE NOTARIAL STAMP HERE

BPWCCUL Received by:	Date:	BPWCCUL Verified by:	Date:
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Remember to sign this form • Send the completed original (not copies) to:
 Barbados Public Workers' Co-operative Credit Union Limited
 "Olive Trotman House", Keith Bourne Complex • Belmont Road, St. Michael BB14000 • Barbados, W.I.