

accompany the form to further support proof of address.

## 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	
l(Name Of Parent/guardian)	,
Account No.	do confirm
that(Name Of Child/Ward)	
resides at(Address Of Child/Ward)	
Cignature of Devent/Cuardian	
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

Barbados Public Workers' Co-operative Credit Union Limited

Keith Bourne Complex · Belmont Road · St. Michael BB14000 · Barbados

Contact Centre: (246) 622-9000 · Toll-free: 1-866-800-6146 · UK Freephone: 0808-234-1327

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