



Barbados Teachers'
Co-operative Credit Union Ltd.

ADDRESS VERIFICATION FORM

Official Use only

Member Account #: _____

Date of application: _____

Signature: _____

DETAILS OF MEMBER(S):

Name (s): _____

Type of Product/Service: _____

Proposed address: _____

Contact #s (Home/Work/Cell): _____

PARENT/HOME-OWNER/LANDLORD: _____

Permanent address: _____

ID #: _____

Contact #s (Home/Work/Cell): _____

DECLARATION:

I _____ (Parent/Home-Owner/Landlord) hereby confirm that the above-captioned applicant resides at my address or property. I also declare that the information provided by me in this form is correct and complete to the best of my knowledge.

Signature of Parent/Home-Owner/Landlord:

Date: _____

A copy of the Parent/Home-Owner/Landlord utility bill MUST accompany this form