

BARBADOS TEACHERS' CO-OP. CREDIT UNION LTD.
JOHN.W. LOVELL BUILDING
LOWER COLLYMORE ROCK,
ST. MICHAEL, BB11115
BARBADOS.

TEL: (246) 426-3657 FAX: (246) 437-3499

E-MAIL: info@bar teachcredit.com

Website: www.bar teachcu.com

CHANGE OF NAME FORM

Dear Secretary,

I _____, of _____

in the parish of _____ am a bonafide member of the

Barbados Teachers' Co-operative Credit Union Limited, have changed my

name to _____

(Please tick appropriate box) due to: Marriage , Divorce , or Other

and my address to _____

_____ in the parish of _____.

My new telephone number is: (h) _____ (c) _____

(w) _____

National Identification Number: _____

Email Address: _____

My account number is: _____

Signature: _____

Date: _____