

ADDRESS VERIFICATION FORM

Date: _____

The Manager


COK Sodality Cooperative Credit Union

Dear Sir/ Madam,

Mr. Mrs. Miss Ms. Dr.: _____ of
_____ in the parish of
_____ has lived at this address for the past _____ months/years.

I certify that the named individual is personally known to me and the above-mentioned address represents the individual's true place of residence.

JUSTICE OF THE PEACE SIGNATURE

	STAMP & SEAL OF JUSTICE OF THE PEACE
_____ NAME OF JUSTICE OF THE PEACE	
ADDRESS: _____	
TELEPHONE #: _____	