

ADDRESS VERIFICATION LETTER

Date:		
The Manager		
Eastern Credit Union Co-operative So	ociety Ltd.	
Dear Sir/ Madam,		
I,(Attester Name in Block Letters)	, with identification no. (ID	D/ DP/ PP)
(Copy attached) do certify that		currently resides at:
	(Member Name in Block Letters)	currently resides at.
		And that I
authorise him/ her to utilise the attache	ed Utility bill bearing my name a	as proof of legal and/or
residential address for him/ her.		
Yours respectfully,		
Attester Signature		