	Eastern Credit Union
	Co-operative Society Limited LEADING THE WAY.

FINANCIAL SUPPORT LETTER

Date:		
The Manager		
Eastern Credit Union Co-oper	ative Society Ltd.	
Dear Sir/ Madam,		
I,(Attester Name in Block I	, with identification no. (ID/ DF etters)	P/ PP)
(Copy provided) do certify that	i (Member Name in Block Letters)	(Relationship to Member)
and is financially supported by	y me. I give him/ her ar (Weekly/Fortnightly/Monthly)	nount
	(Weekly/Fortnightly/Monthly)) (Value in figures)
All or part of which will be us	ed as deposits to his/ her account. I authorise	him/ her to utilise the
document (s) indicated hereun	der that bears my name and source of incom	e.
Yours respectfully,	TICK APPROPRIATE BOX (The document provided will be subject to verification by the bank) □ Job letter not older than 3 months □ Payslip dated not older than 1 month □ Other (Please specify – e.g. Letter from Government/Private institution)	
Attester Signature (Signature must match that on copy	of identification provided)	