



VERIFICATION OF ADDRESS

Attention to: St. Francis Xavier Credit Union Ltd

Branch: _____

Date: _____

Dear Sir/Madam,

I, _____ hereby confirm that,

(Name of Member) _____

(If Minor - along with _____ **Parent/Guardian)**

Lives at my/the following address being: (Village, Town, District, Country)

_____ for the

past _____ months/years; Therefore, the accompanying Utility bill in my name,

along with my Identification, serves as his/her address verification.

Relationship of Bill Holder to Member _____

Sincerely,

(Signature of Utility Bill Holder)

For SFXCU official Use only :(revised November 27, 2019)

I, _____, certify that a true and original copy of the identification document (Social Security Card , Passport Other) of bill holder was presented to me on this day ___/___/____. (See attached Copy of Identification)

[Teller Stamp or Signature]

Received by: _____
(SFXCU Teller/Officer Name & Signature)

Member Ac # _____ Branch _____