TRANQUILLITY CREDIT UNION

FINANCIAL SUPPORT LETTER

Date: _____

The General Manager
Tranquillity Credit Union Co-operative Society Limited

_____

_____

Dear Sir,

I, _____,
(Attester Name in block letters)

with identification number (ID/ DP/ PP) _____ *(copy provided)* do certify that

_____ is my _____,
(Member Name in block letters) ***(Relationship to Member)***

and is financially supported by me. I agree to contribute _____ the amount of _____,
(Weekly/ Fortnightly/ Monthly) ***(Value in figures)***

all or part of which will be used as deposits to his/her account. I hereby also authorize him/her to utilize the document(s) indicated hereunder that bears my name and source of income.

TICK APPROPRIATE BOX ***The document provided will be subject to verification by the Credit Union***
☐ Job letter dated not older than 3 months ☐ Payslip dated not older than 1 month ☐ Other *(Please specify - e.g. Business Registration , Bank Statements, Letter from Government/ Private institution.)* _____

Yours respectfully,

_____
Attester Signature
(Signature must match that on copy of identification provided)