

**St. Kitts
Credit**



**Co-operative
Union Limited**

P. O. Box 713, New Street, Basseterre, St. Kitts
Tel: (869) 465-2272 /9014 Fax: (869) 465-9296
E-mail: skccu@caribsurf.com

CHANGE OF NAME FORM

As a Member of the St. Kitts Co-operative Credit Union Limited, please note that my name has been changed from _____ to _____.

Documentary evidence in support of this request is attached for your inspection.

Birth Certificate Passport Marriage Certificate Social Security ID Driver's License

Other _____.

(Member's signature)

Address _____

Account # _____

Officer _____

Date _____