



**TRINIDAD AND TOBAGO POLICE CREDIT UNION  
CO-OPERATIVE SOCIETY LIMITED**

**HEAD OFFICE:** 61 Tenth Street Barataria, Trinidad, W.I.

**Phones:** 674-6514/ 0963/4681; 675-1296 **FAX:** 674-0160

[www.policcreditunion.com](http://www.policcreditunion.com)

**AUTHORIZATION LETTER  
CONFIRMATION OF RESIDENTIAL ADDRESS**  
(To Be Completed ONLY If the Utility Bill is not In the Applicant's Name)

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I, \_\_\_\_\_, holder of  
(Name as Listed On Utility Bill)                      FIRST NAME                      SURNAME

ID/DP/PP No. \_\_\_\_\_, hereby confirm that the bearer of this letter,  
(ATTACH COPY OF OWNER'S ID/ DP/ PP)

\_\_\_\_\_, currently resides at  
FIRST NAME                      SURNAME

\_\_\_\_\_  
ADDRESS

I hereby authorize him/ her to use this utility bill, to conduct necessary transactions at The Trinidad and Tobago Police Credit Union.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Note: Copy of owner's ID/ DP/PP must be submitted along with this form to ensure its validity.**