LETTER OF AUTHORIZATION FROM UTILITY BILL OWNER

DATE .....

TO WHOM IT MAY CONCERN

Aero Services Credit Union Co-operative Society Limited

Corner Orange Grove Road & Priority Bus Route,

Tacarigua.

Dear Sir / Madam,

I,.....confirm that .....
(Name of Person on Utility Bill) (Account holder/Applicant)

Is my..... and resides at the address stated on the
(Relationship)

attached..... Utility bill in my name for the past .....
(Type of bill)

years/months.

Yours truly,

Name:

ID/DP/PP :

DATE: