

WORKS CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

LETTER OF AUTHORISATION FROM UTILITY BILL OWNER

INSTRUCTIONS FOR COMPLETING THIS LETTER

- 1. This letter is to be completed by the person whose name appears on the utility bill. It confirms that the applicant named in the letter currently lives at the address on the utility bill and authorizes Works Credit Union to use this address for the applicant.
- 2. This letter must be accompanied by the following:
 - a. The **original** utility bill that shows the bill owner's name on it.
 - b. A copy of the National ID, Driver's Permit or Passport from the bill owner.
- 3. Complete the letter following these instructions:
 - Date Today's date.
 - Address Four lines for the home address appearing on the utility bill.
 - Bill Owner Name The first and last name of the bill owner, which must be the same name appearing on the utility bill.
 - Applicant Name The first and last name of the applicant who this letter is being written for.
 - Relation The applicant's relation to the bill owner (mother, father, brother, sister, son daughter, cousin, girlfriend, boyfriend, wife, husband, friend etc.)
 - Service Provider The name of the service provider that the utility bill is from (TSTT, WASA etc.)
 - Years/Months Number of years or months that the applicant has been residing at the address stated on the utility bill.
 - Phone (Home) Utility bill owner's home phone number.
 - Phone (Mobile) Utility bill owner's mobile/cell phone number.
 - National ID Number, Driver's Permit Number or Passport Number Any one of these forms
 of identification from the utility bill owner must be provided. This must match the name on
 the utility bill. A copy of this ID must be presented with this letter.



BILL OWNER'S SIGNATURE

WORKS CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

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| Date: | | |
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| 1 | hereby confirm that | is |
| my and has been | residing at the address stated on my attached | 13 |
| utility bill for the past . | , | |
| | | |
| | | |
| Phone (Home): | | |
| Phone (Mobile): | <u> </u> | |
| | | |
| Please provide a copy of the above stated IL | D. | |
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| Yours respectfully, | | |
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