



**VERIFICATION OF PROOF OF ADDRESS**

**Please select one of the following boxes which describes official officer**

- Justice of Peace (as declared in the Official Gazette of Barbados)
- \*Senior Public Servant
- Magistrate
- Attorney-at-Law with valid practicing certificate
- Senior Officer of a Consulate/Embassy/High Commission of the country issuing the passport
- Notary Public
- Member of the Judiciary
- Ordained Minister of Religion
- Senior Banking Officer (at least management level)

\*In Barbados, this refers to the:

- Registrar/Deputy Registrar, Corporate Affairs & Intellectual Property
- Registrar/Deputy Registrar, Land Registry
- Chief Personnel Officer, Personnel Administrative Division
- Permanent Secretary, Chief of Protocol, Ministry of Foreign Affairs
- Commissioner/Deputy Commissioner/Assistant Commissioner/Senior Superintendent of Police
- Superintendent/Assistant Superintendent of Prisons
- Registrar/Deputy Registrar, Supreme Court
- Permanent Secretary, Ministry of Home Affairs
- Chief/Deputy Chief Immigration Officer
- Private Secretary to the Governor General

**NB: A copy of a utility bill belonging to the individual residing with the applicant should accompany the form to further support proof of address**

I,.....(Officiating Officer) in the island of BARBADOS do hereby CERTIFY that .....(Name of Individual) with national registration number..... and date of birth of ..... is known by me for .....(year/s) to be the individual as aforementioned.

I CERTIFY that .....(Name of Individual) to my knowledge resides at .....(Full Address of Individual)

I also CERTIFY that the aforementioned resides with .....(Name of Individual) at .....(Full Address of Individual)

This information is attested by me under by hand and stamped the ..... day of ....., 20.....

.....  
Signature of Officiating Officer

.....  
Signature of Individual

(PLACE NOTARIAL STAMP HERE)

Name of Officer .....

Address of Officer .....

Contact Nos. ....

**FOR OFFICIAL USE ONLY**

Name of MSR opening Account (please print):.....

Signature of MSR opening Account:.....

Date: (mm/dd/yyyy)...../...../.....

Name of MSO verifying Account (please print):.....

Signature of MSO verifying Account:.....

Date: (mm/dd/yyyy)...../...../.....

**City of Bridgetown Co-operative Credit Union Ltd.**  
**C.O.B. Business Centre, Lower Broad Street, Bridgetown BB11000, Barbados, West Indies**  
**Carlton Complex, Black Rock, St. Michael**  
**Manor Lodge, St. Michael**  
**Contact Centre: (246) 430-5900 Fax. No.: 436-2033**  
**Email: [cobcreditunion@cob.com.bb](mailto:cobcreditunion@cob.com.bb) Website: [www.cobcreditunion.com](http://www.cobcreditunion.com)**