



FINANCIAL SUPPORT LETTER

Date: _____

The Manager

Eastern Credit Union Co-operative Society Ltd.

Dear Sir/ Madam,

I, _____, with identification no. (ID/ DP/ PP) _____
(Attester Name in Block Letters)

(Copy provided) do certify that _____ is my _____
(Member Name in Block Letters) (Relationship to Member)

and is financially supported by me. I give him/ her _____ amount _____
(Weekly/Fortnightly/Monthly) (Value in figures)

All or part of which will be used as deposits to his/ her account. I authorise him/ her to utilise the document (s) indicated hereunder that bears my name and source of income.

Yours respectfully,

TICK APPROPRIATE BOX	
(The document provided will be subject to verification by the bank)	
<input type="checkbox"/>	Job letter not older than 3 months
<input type="checkbox"/>	Payslip dated not older than 1 month
<input type="checkbox"/>	Other (Please specify – e.g. Letter from Government/ Private institution)

Attester Signature
(Signature must match that on copy of identification provided)