



**U.W.I. (CAVE HILL) CO-OPERATIVE CREDIT UNION LIMITED**  
**P.O. BOX 64, BRIDGETOWN BARBADOS**

**PRESIDENT: MRS. J. HINKSON**  
**SECRETARY: MR. O. ELLIS**  
**TREASURER: MR. P.E. MCDONALD**

**TELEPHONE: (246) 417-4524/417-4539**  
**FAX: (246) 424-0662**  
**EMAIL: CREDITUNION@CAVEHILL.UWI.EDU**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam,

I, \_\_\_\_\_, \_\_\_\_\_  
(Full Name, inclusive of middle name) (National Identification Number)

of

\_\_\_\_\_  
(Address)

am currently a member of the above Credit Union. I am desirous of enrolling for membership of the **U.W.I. (Cave Hill) Co-operative Credit Union Limited.**

Section 52 of the Co-operative Societies Act, Cap.378A states:

1. No person shall be a member of more than one credit union unless the credit unions have agreed in writing thereto.
2. Where a person becomes a member of more than one credit union, the second or any subsequent credit union shall so inform the Registrar within 14 days of the grant of membership.

In accordance with Section 52 of the Co-operatives Societies Act, I hereby give/do not give consent to have a written statement of my account forwarded from \_\_\_\_\_  
to the **U.W.I. (Cave Hill) Co-operative Credit Union Limited.**

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_