



Credit Union Co-operative Society Limited
Head Office: 68-72 Maraval Road, Port Of Spain, Trinidad: Tel- 868-235-3671
REG. NO. 295

DIVIDEND REQUEST 2021 FORM

FORM TO BE COMPLETED IN BLOCK LETTERS

Date of Request

Account Number

Surname

First Name

Identification No. (National ID/Drivers Permit/Passport)

Email Address

Mobile Number

I hereby kindly request the sum allocated to me from the surplus for the period ended 31st March, 2021 as declared at the Annual General Meeting of 27th August, 2021 be applied as indicated hereunder:-

(Please note my ticked choice)

1. Transfer to my LinCU Account
2. Prepare a Cheque for collection

OFFICIAL USE ONLY

Total Dividend _____

Transfer to:

Shares _____

Deposit _____

Dividend Loan _____

Christmas Club _____

Family Indemnity Plan _____

Personal Loan _____

Mortgage Loan _____

LinCU Revolving Loan _____

Signature of authorized officer

Date