

TO WHOM IT MAY CONCERN:

I/ WE, _____, the undersigned
HEREBY ACKNOWLEDGE AND DECLARE that I/ WE have been given a full overview of the Joint
Accounts Policy of the TRELAWNY CO-OPERATIVE CREDIT UNION LIMITED and have
received full and satisfactory explanations to the queries raised by me/us and that I/WE fully
understand the terms and conditions of the said Joint Accounts Policy and I/WE freely and
voluntarily affix my/our signatures hereunder.

I/ WE, _____ understand that
The TRELAWNY CO-OPERATIVE CREDIT UNION LIMITED may, in its absolute discretion,
change, alter, adjust postpone or cancel any term or condition of its Joint Account Policy
whenever it deems fit or necessary without prior notification.

Member

Joint holder

Joint holder

Witness

Witness

Witness

*(NB. This document must be signed before and in the presence of a Justice of the peace, and
witnessed by the same)*