

SAINT LUCIA HOSPITALITY INDUSTRY WORKERS CREDIT
CO-OPERATIVE SOCIETY LIMITED

Designation of Beneficiary Form

Member's Name: _____ A/C# _____

ID Card No.: _____ Passport No.: _____ NIC No.: _____

D/Licence #: _____ Date of Birth: _____ Male/Female: _____

Beneficiary Information

Name: _____ Effective Date: _____

ID Card No.: _____ Passport No.: _____ NIC No.: _____

D/Licence #: _____ Date of Birth: _____ Male/Female: _____

Marital Status: _____ Tel. #: _____ Email: _____

Relationship: _____ Occupation: _____ Percentage: _____

Home Address: _____

Mailing Address: _____

Member's Signature: _____ Date: _____

Authorized Officer: _____ Date: _____