THE INSURANCE INDUSTRY CREDIT UNION
Co-operative Society Limited

DIVIDENDS REQUEST/ALLOCATION FORM

Name: ……
(Print)

Residential Address: …….

……

Company Name: ……...

Address: ……

……

Account#: ……

Kindly allocate dividends amount to the following:-
Cash □ Shares □ Loan □

Other: _____
Specify

Please note that all Cheques are payable in 48 hours (2 working days)

…….. Date: ……../……../……..
Member's Signature ***Dy Mth Year***

……

For office use only

Prepared by: …… Checked by: ……..

Cheque#: ……. Date Processed:
……../……/…….

Dy Mth Year