



## JTA Co-op Credit Union

### Commission Claim Form

Name of Member Recruited	Name of School	Contact Number of Member Recruited

Name of Contact Teacher:	_____
Name of School:	_____
Parish:	_____
Contact Number:	_____
	Date: _____

You may submit your claim by completing and placing your claim form in an envelope addressed to:

**Lisa Taylor or Denise Walker**  
**JTA Co-op Credit Union Ltd**  
**97A Church Street**  
**Kingston**

You may drop this off at any JTA Co-op Credit Union Location nearest to you. If this is not convenient, kindly take a clear photograph of the commission request form and send via **whats app** to 896-2382 or 896-0593 or email to [ltaylor@jtacreditunion.com](mailto:ltaylor@jtacreditunion.com) .

**All requests will be processed within no more than two weeks.**