



CHARACTER REFERENCE AND ADDRESS VERIFICATION FORM

Date:

Eduaid Jamaica Limited.

Dear Sirs,

I declare that Mr/Mrs/Miss/Ms/Dr

whose permanent address is

.....
(Applicant's address)

and whose signature appears below, has been personally known to me for the pastyears/months.

He/She is desirous of accessing a facility from your institution. To the best of my knowledge, information and belief, he/she is of good character and in all respects a fit and proper person to conduct business with your organization.

I also confirm that the name and permanent address stated above are to the best of my knowledge true and correct.

Yours truly,

.....
(Referee's signature)

.....
(Applicant's signature)

NAME OF REFEREE:

ADDRESS:

.....

OCCUPATION:

TELEPHONE #:

Place stamp or seal of office here

Tick the appropriate box	
I am	
<input type="checkbox"/> Employer (evidenced by copy of 2 recent pay slips)	<input type="checkbox"/> Attorney-at-Law <input type="checkbox"/> Medical Practitioner
<input type="checkbox"/> Minister of Religion	<input type="checkbox"/> Staff member of FGB (level of manager upwards)
<input type="checkbox"/> Manager from a financial institution	<input type="checkbox"/> Justice of the Peace/Notary Public
<input type="checkbox"/> Eduaid Jamaica Limited customer	