CUNA CARIBBEAN INSURANCE
JAMAICA LTD.

ADDRESS VERIFICATION FORM

Date: ……

Dear Sirs,

I declare that Mr/Mrs/Miss/Ms/Dr ……..

Permanently resides at ……

……..

(Applicant's Address)

and to the best of my knowledge, he/she has resided at the stated address for the past _____ year(s).

I therefore, being (select the appropriate title as per below):

- ☐ a Justice of the Peace
- ☐ a Minster of Religion
- ☐ an Attorney-at-Law
- ☐ an Elected Official (Councillor, Mayor or Member of Parliament)
- ☐ an Inspector/Superintendent of Police (must be from community in which member resides)

now declare and confirm the above address to the best of my knowledge to be true and correct.

Yours truly

……..

(Verifier's Signature)

Name of Verifier: ……

Address: ……..

……

Telephone #: ……..

Stamp or seal of Referee (where applicable)

The Proceeds of Crime Act (POCA) 2007 requires that the foregoing information be collected as part of the Know Your Customer (KYC) due diligence. Failure to provide information accurately and promptly will affect your ability to transact business with CUNA Caribbean Insurance Jamaica Limited.