

ADDRESS VERIFICATION FORM

Date:

Dear Sirs,

I declare that:

Permanently resides at:

(Proposed Insured'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 Minister of Religion
- an Attorney-at-Law
- a Manager of a Financial Institution of which the proposed insured is an account holder
- an Elected Official (Councillor, Mayor or Member of Parliament)
- a Jamaica Constabulary Force Officer at the rank of Superintendent and above (must be from community in which member resides)
- a Registered Employer or Public Sector Employer (with tenure of at least 1 year)

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

Yours truly

(Verifier's Signature)

Stamp or seal of Referee (where applicable)



Name of Verifier:

Address:

Telephone #:

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.