

# REFERENCE FORM



20 Dominica Drive, Kingston 5  
 email: fhc.investments@fhccu.com  
 Tel: 876-906-5317 / 876-908-1502 / 876-929-5142  
**CARING FOR YOU AND YOUR INVESTMENTS**

I hereby authorize FHC Investments Limited to seek information from the below mentioned referees regarding my request to operate an account with this institution.

|                     |                          |              |
|---------------------|--------------------------|--------------|
| <b>Client Name:</b> | <b>Client Signature:</b> | <b>Date:</b> |
|---------------------|--------------------------|--------------|

| REFEREE 1                 |  |                         |              |                       |
|---------------------------|--|-------------------------|--------------|-----------------------|
| <b>Name of Referee</b>    |  | <b>Contact Numbers</b>  | <b>Cell:</b> | <b>Business/Home:</b> |
| <b>Occupation</b>         |  | <b>Referee Category</b> |              |                       |
| <b>Address of Referee</b> |  |                         |              |                       |

| Questions   | Yes | No |
|---|-----|----|
| 1. Is he/she known to you personally and by the above name? |     |    |
| 2. How long have you known him/her for? (Years & Months)    |     |    |
| 3. Do you consider him/her suitable to have an account?     |     |    |
| 4. Is he/she a person of integrity?                         |     |    |
| 5. Do you recommend this person?                            |     |    |
| Other Comments:   |     |    |

|  |                             |              |
|--|-----------------------------|--------------|
| <b>FHCIL Representative Signature:</b> | <b>Referee's Signature:</b> | <b>Date:</b> |
|--|-----------------------------|--------------|

| REFEREE 2                 |  |                         |              |                       |
|---------------------------|--|-------------------------|--------------|-----------------------|
| <b>Name of Referee</b>    |  | <b>Contact Numbers</b>  | <b>Cell:</b> | <b>Business/Home:</b> |
| <b>Occupation</b>         |  | <b>Referee Category</b> |              |                       |
| <b>Address of Referee</b> |  |                         |              |                       |

| Questions   | Yes | No |
|---|-----|----|
| 1. Is he/she known to you personally and by the above name? |     |    |
| 2. How long have you known him/her for? (Years & Months)    |     |    |
| 3. Do you consider him/her suitable to have an account?     |     |    |
| 4. Is he/she a person of integrity?                         |     |    |
| 5. Do you recommend this person?                            |     |    |
| Other Comments:   |     |    |

|  |                             |              |
|--|-----------------------------|--------------|
| <b>FHCIL Representative Signature:</b> | <b>Referee's Signature:</b> | <b>Date:</b> |
|--|-----------------------------|--------------|

| For Internal Use  |             |                  |             |
|---|-------------|------------------|-------------|
| We confirm that the above reference has been checked in accordance with FHCIL's procedures. |             |                  |             |
| <b>Customer No:</b>   | <b>Name</b> | <b>Signature</b> | <b>Date</b> |
| <b>Checked By:</b>  |             |                  |             |
| <b>Compliance Officer:</b>  |             |                  |             |

**Referee Categories**

- Applicant's Employer
- Justice of the Peace/Notary Public
- Medical Doctor
- Certified Accountant
- Manager a Registered Financial Institution
- Minister of Religion
- Attorney-At-Law
- FHC Permanent Member of Staff (over 1 year)
- FHC Client in Good Standing (over 3 years)
- FHC Executive/Manager